

Check Advance Request Form

| Request contact: | Request Date |
|--|---|
| Name: | _ Email Phone Number |
| ☐ Committee Name | ☐ Small group/Fellowship Name |
| ☐ Ministry Name | Other, please explain |
| Purpose of Request: Event Title | Location |
| | |
| Pre-payment/Deposit \$ | |
| ◆ Good Samaritan Fund \$(Note: A completed <u>Care Ministry A</u> be attached with this request) | pplication form or council approval documentation (no more than \$1,000) must |
| Honorarium (Note: A completed | W-9 form by a new EB-approved speaker must be attached with this request) |
| ☐ RED-Cantonese ☐ RED-English | ☐ RED-Mandarin ☐ ND-English ☐ ND-Mandarin |
| □SEA-Cantonese □SEA-English | ☐ SEA-Mandarin ☐ Retreat/Others, please explain |
| ◆ Honorarium Calculation ☐ Sunday Preaching: | \$250/session x session(s) = Total \$ |
| ☐ Sunday School Teaching: | \$200/session x session(s) = Total \$ |
| ☐ Small Group/Fellowship Workshop: | \$200/session x session(s) = Total \$ |
| ☐ Others, please explain: | = Total \$ |
| Payable to: | |
| Name of person/Organization | Phone |
| Address | Email |
| Approved by: (Note: two signatures | are required for total amount larger than \$1,000.00) |
| Print Name | Church Position |
| Signature | Date |
| Print Name | Church Position |
| Signature | Date |