

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 _____

Event Date(s) & Time(s) _____

◆ **Pre-payment/Deposit** \$ _____

(Note: A copy of the signed estimate or signed agreement must be attached with this request)

◆ **Good Samaritan Fund** \$ _____

(Note: A completed Care Ministry Application form or council approval documentation (no more than \$1,000) must be attached with this request)

◆ **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 EDS-English EDS-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 \$2,000.00)*

Print Name _____ Church Position _____

Signature _____ Date _____

Print Name _____ Church Position _____

Signature _____ Date _____