



REIMBURSEMENT/CHECK REQUEST FORM

Check Payable to: _____

Date: _____

Address: _____

Invoice #: _____

Check will be picked up in the church office by: _____

Please mail the check to the payee

Office Use Only	Ministry	Account	Description of Expense	Amount
Total:				\$

Requestor's Name & Phone: _____

Is this a down payment for an event? Yes _____ No _____

Do we have the contract on file? Yes _____ No _____

Is this a cash advance? Yes _____ No _____ Date needed: _____

Additional Information:

Original Receipts must be attached for reimbursement.

Ministry Leaders must approve BEFORE you submit your request to the church office.

Ministry Leader Approval: _____

Administrator Approval: _____

OFFICE USE ONLY

Is this for a 1099? Yes _____ No _____

If yes, do we have a W-9 on file? Yes _____ No _____