REIMBURSEMENT CHECK REQUEST FORM

USE THIS FORM TO:

*REQUEST REIMBURSEMENT FOR A CHURCH EXPENDITURE PAID WITH PERSONAL FUNDS
*REQUEST A CHECK BE MAILED DIRECTLY TO A VENDOR FOR A PRODUCT OR SERVICE PURCHASED OR TO BE PURCHSED FOR THE CHURCH

CHECK PAYABLE TO (INCLUDE ADDRESS): DATE SUBMITTED:_____

_____

_____ DATE CHECK NEED BY:_____

_____

ACCOUNT NUMBER	DESCRIPTION BY ITEM	AMOUNT

END TOTAL =

CHECK REQUESTED BY: _____

CHECK APPROVED BY: _____

DIRECTOR SIGNATURE ($1000): _____

ELDER SIGNATURE (OVER $2000): _____

CHECK DISTRIBUTION INSTRUCTIONS (CHECK ONE):

_____ MAIL DIRECTLY TO PAYEE

_____ MAIL DIRECTLY TO PAYEE WITH ATTACHED MATERIAL
(SUBMIT ORIGINAL DOCUMENTATION AND ONE COPY FOR OUR FILES)

NOTICE:

THE CHECK MUST BE APPROVED BY SOMEONE OTHER THAN THE REQUESTED PAYEE. ATTACH ALL RECEIPTS AND/OR INVOICES RELATED TO THIS REQUEST. PROPER DOCUMENTATION IS REQUIRED. REQUESTS WILL NOT BE PROCESSED FOR PAYMENT UNTIL ALL REQUIRED INFORMATION IS RECEIVED. PLEASE SUBMIT REQUESTS AT LEAST ONE WEEK PRIOR TO THE DESIRED REIMBURSEMENT DATE. CIRCUMSTANCES BEYOND OUR CONTROL MAY CAUSE A CHECK RUN TO BE DELAYED. WE APPRECIATE YOUR PATIENCE WITH THESE DELAYS.