



## Check / Reimbursement Request

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Date \_\_\_\_\_

Amount Requested \_\_\_\_\_ Receipt(s) Attached: Yes  No

Check Payable to \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Description of Expense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Has the Pastor pre-approved this expense?*** Yes  No

Requested By \_\_\_\_\_ Signature \_\_\_\_\_

Approved By \_\_\_\_\_ Signature \_\_\_\_\_

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Processed By \_\_\_\_\_ Date \_\_\_\_\_

GL Title \_\_\_\_\_

GL Number \_\_\_\_\_ Check Number \_\_\_\_\_

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