



Check / Reimbursement Request

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 _____

Processed By _____

Date _____

GL Title _____

GL Number _____

Check Number _____