Check Request / Reimbursement

This form is to be used when there is no vendor invoice available or vendor invoice is over $50.00.

Date paid:_____
Check #:_____

1) Attach original or copy of receipt(s) with items circled for reimbursement.
2) Obtain signature approval from Ministry Team Leader or Ministry Board Representative.
3) Place <u>completed</u> form in folder marked "JUDY".

Requestor Information		
Requested by:	Phone:	
Email:		Date Submitted: / /20
Ministry or Account Charged:	❑ Budget Item Expense <u>or</u> ❑ Dedicated Fund Expense	Due Date: / /20
Description of Goods or Services:		Total Amount Due: $

Payee Information (if different than requestor)	
Pay to:	Phone: ( ) –
Mailing Address:	City/State/Zip

Ministry Leader Approval: _____ Date: ____ / ____ /20 ____
Ministry Team Lead or Ministry Board Representative

*Requests for reimbursement should be made within 45 days of purchase.