



<i>Check Request Form</i>	
Date:	
Date Needed	
Requested By	

Check Payable to (Vendor's Name)
Vendor's Complete Address
Vendor's Phone Number

Thank you for helping us be Good Stewards, in order to do our best we need the following:
 Original Receipts **MUST** accompany request for reimbursement. Your request **MUST** be signed by you and your Department Head.
 You **MUST** list the correct Budget Item and Account Number. You **MUST** list the correct Budget Item and Department.

Ministry Expenses				
Class	Account #	Description	Amount	Head Initial

Class Key			
Administrative	Children	Worship	Seniors (50+)
Leadership	Small Groups/ Discipleship	Youth	Evangelism/Hospitality
Women	Men	Young Adults	Ministries—Other

Total Reimbursement	\$
----------------------------	-----------

<i>For Office Use Only</i>			
Date:		Amount:	
Check #		By:	

<i>Signature Block</i>
I declare this expenditure is accurate & necessary (Person requesting reimbursement)
I approve this expenditure out of my budget (Department Head over Ministry)