CHECK REQUEST FORM

☐ Reimbursement Date Request Filled Out:			☐ A/P Invoice (attached) Account #:	
Date Check Needed:			Amount:	
Description of E	xpense:			
Handling Instruc ☐ Mail To: Name Addre	e:			
☐ Leave in Church I	Mail Box of			
☐ Hold at the Office	for Pick U	р Ву:	Date/Time:	
Requested By: (PRII	NT)		Phone #:	
Authorized By: (PRIN	NT)		Signature:	
Date Account #		Detailed Explanation and Bu	siness Purpose of Expense	\$ Amount
			Carryover Totals From Reverse Side of Form:	
		Cash Advance Ch Check	Amount Due to Employee:	()
*** Poguo	atad inform	nation is mandator	Amount Due to Church:	2./ ***
•			y for processing without dela	

ADVANCES: All advances must be reconciled within thirty (30) days.

MILEAGE: When submitting request for mileage reimbursement, attach mileage form to this check request form.

RECEIPTS: If a receipt is not available to attach to this form, please submit all receipts within thirty (30) days of the check date.

P/O: If your purchase is for more than \$2000, you must fill this form out as a Purchase Order and have it authorized by

the Business Administrator PRIOR to purchasing the item or service.

EXPENSE REIMBURSEMENT DETAILS

COMPLETE BELOW FOR **REIMBURSEMENT** ONLY

Date	Account #	Business Purpose and Detailed Explanation of Expense	\$ Amount
		1	
	•	Carry Forward Totals to Front Side of This Form	

	ACCOUNTING USE ONLY
Accountant	Date Received
P/O Authorization:	P/O #: