



## Check Request and Reimbursement Form

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Date: \_\_\_\_\_

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

Total Check Amount: \_\_\_\_\_

Requested by: \_\_\_\_\_

Authorized Approver Signature: \_\_\_\_\_  
(Please obtain signature from the Ministry or Committee Chairperson before submitting)

Printed Name of Authorized Approver: \_\_\_\_\_  
(Printed name of the Ministry or Committee Chairperson)

Mailing Address: \_\_\_\_\_  
(If no address is included, check WILL be left in Finance Outbox in Church Office)

\_\_\_\_\_

\_\_\_\_\_

Expense Budget Category Code: \_\_\_\_\_

Special Comments / Description of Expense Incurred:  
List item(s) and amount(s) if not detailed on receipt, invoice or statement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach applicable ORIGINAL receipts, invoice or statement. Retain a copy for your file. Leave Check Requests in Treasurer's mailbox in the church office.**