



Ministry: _____

Date: _____

REQUEST FOR CHECK /REIMBURSEMENT FORM

REQUESTING PARTY INFORMATION

Name: _____ Phone: _____

Check/Reimbursement Payable To:

Total: \$ _____

PAYMENT DESCRIPTION

Purpose/Reason:

Signature of Requesting Party: _____

Note: If a purchase(s) or transaction has been completed, please attach receipt(s)/invoice(s) to this form. Approval of all purchases should be made PRIOR to making any purchase agreements/transactions. Failure to obtain approval may result in requesting party having to pay all expenses in full by the due date of outstanding invoice. The signature of the Finance Officer is required prior to dispersal of funds.

Approval: _____ Date: _____

FOR FINANCE OFFICER'S USE ONLY

Date issued: _____ Check Number Issued: _____ Amount of dispersal \$ _____

Account Charged: _____

Comments/Special Notes: _____

Finance Officer's Signature: _____