CHECK & REIMBURSEMENT REQUEST FORM

Print Blank Form | Print Completed Form

REQUESTED BY: DATE:

REASON FOR REQUEST:

INDIVIDUAL (APPROVER) REQUIRED TO APPROVE THIS REQUEST:

Choose only one.

- [x] Rev. Ryan Balsan
- [ ] Rev. Katy Shevel
- [ ] John Grecia
- [ ] Kelli Masters
- [ ] Mark Fabere
- [ ] Dana Arranz

FOR CHURCH STAFF USE ONLY

Approver's Name: **Ryan Balsan**

☐ Approved ☐ Denied

Signature DATE

APPROVER: Please submit this signed form and all original receipts to Finance for processing. Thank you!

REIMBURSEMENT TYPE ☐ CHECK ☐ DONATION IN KIND

ITEM(S) PURCHASED / SERVICE(S) PROVIDED *Up to 5 original receipts may be submitted per form*	Account To Be Charged	Account No. *(if known)*	Amount

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED: **$ 0.00**

INSTRUCTIONS FOR USE: *This form can be completed online and then printed OR printed blank to be completed by hand.*

Please request only one check or reimbursement per submitted form.

Complete all form fields and then print. Submit completed form AND the original receipts to the individual chosen above for approval. Once approved, the request will be forwarded to the Finance Department for processing.

Approvals are required for all check & reimbursement requests.

RESET FORM

IF REQUESTING A CHECK

METHOD OF RECEIPT ☐ MAIL ☐ PICK UP

CHECK PAYABLE TO:

Name

Address Line 1

Address Line 2

City , State Zip Code