

**Reimbursement OR Payment Request Form**

Please complete this form and have it signed by the appropriate committee leader or a board member. Attach receipts and place it in the **Treasurer's mailbox** in the office. Please include code.

**Date of request:** \_\_\_\_\_ **Request submitted by:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Check made out to:** \_\_\_\_\_

**Check should be:**  placed in \_\_\_\_\_ mailbox  given to me at church

mailed to address: \_\_\_\_\_

other \_\_\_\_\_

**Summary of items or service** \_\_\_\_\_

**Charge to accounting code:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

<b>Date paid:</b>
<b>Check #:</b>