

CHECK REQUEST FORM

Receipts **must** be submitted with this form for reimbursement.

Name: <i>(Last, First, M.I.)</i>		Today's Date:
Address: <i>(Street, City, State, Zip)</i>		
Phone:	E-mail:	
Ministry Name:	Amount of Request: \$	
Description of Expenses:		
Expense Duration <i>(Choose one)</i>		
<input type="checkbox"/> This is a one-time expense.		<input type="checkbox"/> This is an ongoing expense.
If ongoing, explain:		
Reimbursement Delivery <i>(Choose one)</i>		
<input type="checkbox"/> In person after Sunday Worship Service.	<input type="checkbox"/> To the address provided above.	<input type="checkbox"/> Other:

Payment Approved by:		Position:	
Check Payable to:		Amount: \$	
Date of Payment:	Check #:	Amount: \$	

Instructions:

1. Confirm expense with a Member of the Elder Board, the Church Executive Administrator, or the Treasurer of the Finance Board prior to committing to expenditure.
2. The form for reimbursement is located on our website; www.celebratethejourney.org. Check Request Forms are also available in the Church Executive Administrator's office.
3. Complete a Check Request Form and attach receipts. The form may be returned to the building via mail or in person. If you deliver the form in person, please give it to either a member of the Board of Finance or the Church Executive Administrator.
4. Your reimbursement will be delivered to you [within 2 weeks] either by mail or in person after Sunday Worship Service [depending on your 'Reimbursement Delivery' selection above].