



For Office Use

VISA ___ Check # _____ Billpay _____

Date: _____

Request for Payment/Reimbursement or Record of Purchase

(Please attach receipts and invoices to form)

Supplier or Person to be Reimbursed: _____

Person Making Purchase: _____

Date of Purchase: _____ Amount: \$ _____

Item Requested/Purchased: _____

Reason for Purchase: _____

Purchase Authorized By: _____

Budget Line, Ministry Department and Amount Breakdown if more than one budget line: _____

(Please fill in all that apply)

Purchase was placed on church VISA? Yes or No

Business will send Invoice (if not a check request)? Yes or No

Is this a Reimbursement? Yes or No

Is this a Check Request? Yes or No If check needed by (list date): _____

Make Check out to (Name): _____

Address (where check to be sent): _____

City, State, Zip _____

Phone #: _____

Comments or Notes: _____
