



**CHURCH OF PENTECOST**  
**Request for Reimbursement**

Date of Request: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Purpose or Description of Item: \_\_\_\_\_

Charged to what Account: \_\_\_\_\_

Signature of Authorized Department Leader: \_\_\_\_\_

Comments: \_\_\_\_\_

Treasurer or Finance Committee Signature: \_\_\_\_\_

Date Issued \_\_\_\_\_ Check Number \_\_\_\_\_

**Note: If item has already been purchased, please attach receipt(s) to this form. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of Finance Committee or Treasurer is required before check is issued.**

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