CHECK REQUEST/ RE-IMBURSEMENT FORM

REQUESTER'S INFORMATION

Name of Requester: _____

Department: _____

Tel. Number: _____ Email: _____

REMITTANCE INFORMATION

Amount requested: _____

Payable to: _____

Address: _____

_____

Use this box if items need to be itemized:

Should the check be mailed? □ YES ■ NO

Description of Request: _____

_____

Has your ministry team approved this request. □ YES □ NO ■ N/A

Date of department meeting where expenditure was supported: _____

Have meeting minutes been sent to the clerk? □ YES □ NO □ N/A

Is this request a part of the budget approved by the church? □ YES □ NO

If no, did the board/finance committee approve this request? □ YES □ NO □ N/A

If required, based on policy, has legal reviewed and approved this request? □ YES □ NO □ N/A

If a reimbursement, are the receipts attached? □ YES □ NO □ N/A

If a an advance is received, so you have a W9 on file with the treasury? □ YES □ NO □ N/A

*If you receive an advance ALL receipts are due within 15 days. Any advances will require a w-9 form to be on file with the treasury. A 1099 will be issued for **all** funds received by individuals who do not provide receipts.

Department Head/s Signature: _____

Date Submitted: _____ Date Funds Needed: _____

Pastor/First Elder's Signature: _____

Treasury Representative Signature: _____

For Office Use Only:

Check #: _____ Date Remitted: _____ Amount: _____

Delivery Method: □ Mailed □ In-person □ Onsite Mailbox

Check Received by: _____ Date: _____

Receipts/Invoice Attached: □ Yes □ No

If Advance, receipts received? □ Yes □ No If no, 1099 issued? □ Yes □ No

Treasury Staff Signature: _____ Date: _____