



PAYMENT REQUEST OR REIMBURSEMENT

Date: _____

Make Check Payable To:		
Street Address or P.O. Box		
City or Town:	State:	Zip Code:

Account Number: Put number for what account (11 digit number) is to be expensed. If unsure, check with the person authorizing this expense or the church bookkeeper.

Description: Describe purchase, service or event to be expensed.

Amount: Put dollar amount.

*Please staple **ORIGINAL** receipts or invoices to the **BACK** of this form.*

Account Number	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Check:	\$

Requested by: _____ Approved by: _____

ALL PAYMENT REQUESTS OR REIMBURSEMENTS MUST BE APPROVED BY ONE OF THE FOLLOWING PERSONS: *Senior Pastor, Ministry Staff, Authorized Administrative Staff, Elder Chair, Deacon Chair, Deacon of Finance/Treasurer, Deacon of Facilities or Deacon at Large*

THE APPROVAL NEEDS TO BE EITHER A SIGNATURE OR AN EMAIL SENT TO THE CHURCH BOOKKEEPER.