

Check Request

STAPLE INVOICE OR RECEIPT TO BACK

Make Check Payable To:

Name _____

Phone: _____ TEXTING OK? Y/ N

Email: _____

Street Address _____

City _____ State _____ Zip Code _____

Delivery method:

- At Next Church meeting
- US Mail Include your address
- Zelle direct Deposit

Zelle ID: _____

Other: _____

*Reimbursement needs to be turned in by the end of the next business month in which the receipt was dated.

Vendor	Purchase Date*	Description of Items & Purpose	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
Total From Attached Sheet (use if more than 5 receipts)			\$

Explanation for a missing receipt (note that an item without a receipt may not be reimbursed):

Grand Total: \$ _____

Sign Here->>>>>

(YOUR SIGNATURE ON LINE ABOVE!!!!!!)

Date _____



This section is for Office Use:

Approval 1 _____ Date _____

Office Use ->

Approval 2 _____ Date _____

ACCOUNTING USE

Period to Post _____ Invoice # _____ Invoice Date _____ Vendor Code _____ Due Date _____

Account	Amount	Memo	Job	Class	1099

Document Total: _____

KP

Check Number _____

Input By: _____

Complete this top section