



REIMBURSEMENT /DISBURSEMENT REQUEST FORM

Date Submitted _____ Ministry Team _____

Request Submitted By _____

Requestor's Contact Number _____

Make Check Payable To: Requestor or Other _____

Address for payment _____

Purpose for Request: Attach all Receipts/Invoices

Ministry Accounting Code _____ Amount _____

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Approval Process - Signature of Ministry Leader Required or Verbal Approval Received and Documented by Church Office Admin. Personnel

Ministry Leader Signature _____ Date _____

Verbal Approval (Admin. Signature) _____ Date _____

Date of Payment _____ Check Number # _____