

# ***REIMBURSEMENT/CHECK REQUEST FORM***

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MINISTRY: \_\_\_\_\_

**(RECEIPTS MUST BE DATED WITHIN 10 DAYS FROM ITEM PURCHASE IN ORDER TO RECEIVE REIMBURSEMENT)**

## **REIMBURSEMENT REQUEST**

- a) Has this request been approved and signed by your Elder? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b) Do you have the necessary receipts proving purchase? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c) Please explain the reason for this purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Check should be made payable to: \_\_\_\_\_ Amt. Due: \_\_\_\_\_

e) Check # given: \_\_\_\_\_

f) Date check was written: \_\_\_\_\_

g) Check released by: \_\_\_\_\_

**STOP!**  
Do not fill out lines e-g  
**FOR OFFICE USE  
ONLY**

## **CHECK REQUEST**

- h) Has this request been approved by your Elder? \_\_\_\_\_ Yes \_\_\_\_\_ No
- i) Do you agree to provide necessary receipts? \_\_\_\_\_ Yes \_\_\_\_\_ No
- j) Please explain the use for these funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k) Check should be made payable to: \_\_\_\_\_ Amt. Due: \_\_\_\_\_

l) Check # given: \_\_\_\_\_

m) Date check was written: \_\_\_\_\_

n) Date receipts brought in: \_\_\_\_\_

o) Check released by: \_\_\_\_\_

**STOP!**  
Do not fill out lines l-o  
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ONLY**

**Your Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Elder's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**C.O.O.'s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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

**(RECEIPTS MUST BE RECEIVED WITHIN THREE DAYS FROM ISSUANCE OF CHECK)**

**Please place in Financial Administrator, Sis. Karen Gordon's Mailbox**

**Please allow 7-10 business days for check reimbursement**