

Check Request/Reimbursement Form

Fill out the form below completely. All receipts or invoices should be attached to the form and submitted to Cathy Wilder or emailed to: **Finance@Biblewayministries.org**.

Request Date _____

Requester Name _____

Ministry _____

Date Check Needed _____

PAY TO THE ORDER OF: _____

Purpose of Check _____

Amount of Check _____

Approved By _____

If purpose relates to multiple items feel free to itemize below:

<u>Description of Purchase</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total	_____

Treasurer Use Only		
Check Number	_____ Amount	_____ Date
Budget Category	_____	
Treasurer Initials	_____	