

# 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/Activity \_\_\_\_\_  
 Date Check Needed \_\_\_\_\_

**PAY TO THE ORDER OF:** \_\_\_\_\_  
 Purpose of Check \_\_\_\_\_  
 Amount of Check \_\_\_\_\_  
**Approved By** \_\_\_\_\_

Requests **GREATER than \$200**, not part of an approved budgeted activity must be signed by either the Sr. Pastor, Executive Pastor, or Treasure/CFO.

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	_____	