



Check Request

This Reimbursement Request must have an approved Expenditure Request attached, along with receipts for the money spent. This allows us to track and plan the usage of God's money. If you spend money without first submitting an Expenditure Request, you will not be reimbursed.

If you would like to be reimbursed in the same week that you submit this Reimbursement Request, please submit it to the Financial Office no later than Tuesday at Noon.

*Today's Date:	<input type="text"/>	Your Name:	<input type="text"/>
*Expenditure #:	<input type="text"/>	Email Address:	<input type="text"/>
*Ministry Name:	<input type="text"/>	Telephone:	<input type="text"/>
*Amount spent:	<input type="text"/>	* <input type="checkbox"/> Budgeted <input type="checkbox"/> Non-Budgeted	

Description of How Funds are to be used:

**required field*

How you would like Reimbursement to be Made:

*Payee:	<input type="text"/>
*Address:	<input type="text"/>
Address 2:	<input type="text"/>
*City/ST/Zip:	<input type="text"/>
*In Memo:	<input type="text"/>

Once the Check is written:

<input type="checkbox"/>	Mail to payee above
<input type="checkbox"/>	Interoffice to:
<input type="checkbox"/>	Other:

For Accounting Use Only:

If you have any questions regarding this form, the Financial Office of Household of Faith Church may be contacted at 225.644.3111 during the hours of 9:00AM – 4:00PM, Monday through Thursday.