

CHINESE BAPTIST CHURCH
REIMBURSEMENT/PAYMENT REQUEST FORM

Reimbursements over 60 days will be reported as income

Date _____

Please issue a check to:

NAME _____

ADDRESS _____

Email : _____

Day time Phone# _____

AMOUNT \$ _____

For Office use Only	
Ck # _____	
Ck Prep _____	
Ven # _____	

CHARGE to (Ministry/Committee): _____

Account Name _____ Account Code _____ ***\$ Amount*** _____

This amount covers:

Signed: _____ (Requestor) _____ Print Name

Approved: _____ (IMPORTANT - Signature of chairperson/pastor/supervisor) _____ Print Name

*** Please attach receipts/bills on the back of this form ***

** This form must be filled out completely or it may delay the payment process.

By: S&F Committee 10/15
Please place in Church Administrator's box for processing.

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