



FBCRM REIMBURSEMENT/CHECK REQUEST FORM

Check Payable to: _____ Date: _____

Address: _____

Check will be picked up in the church office by: _____

Please mail the check to the payee.

Office Use Only	Ministry	Account	Description of Expense	Amount
				Total:

Check Requested by: _____

Phone: _____

Original Receipts must be attached for reimbursement.

If money is given in advance, receipts should be turned in promptly.

Ministry Leaders must approve BEFORE you submit your request to the church office.

Ministry Leader Approval: _____