

SDA CHURCH
CHECK REQUEST FORM

Revised 8/15/2024

CHURCH

CK#: _____

Please Make Check Out To: _____

Date of Request: _____

Name: Please Print

(If Mailing is Desired) **Complete Address:** _____

Phone #: _____

City, ST Zip: _____

RECORD OF RECEIPTS

	Date	Store/Vendor	Items Purchased	Account to Charge	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
Total Requested					\$

Requester's Signature: _____

(Required)

To be filled out by treasurer:

Date of Church Payment: _____

Directions:

- 1) Complete the top of this form, listing each receipt on a separate line.
- 2) Attach all original receipts by stapling them to the back of this form.

General Guidelines for Reimbursements:

- 1) Church purchases should not be co-mingled with personal purchases on the same receipt.
 Have the cashier ring up personal purchases on one receipt and church purchases on another.
- 2) To be eligible for reimbursement, original receipts must be turned in within 30 days of the date on the receipt.
- 3) Purchaser must write the purpose, department, and/or project on each receipt
- 4) **IMPORTANT:** For all restaurant receipts [including fast food or take-out]: Write the name(s) of those who ate.
 If a large group was fed, list the name of the group followed by the number that were fed.
 EXAMPLE: "Youth Group; 3 sponsors & 6 kids."