

New Life
SEVENTH-DAY ADVENTIST CHURCH

Check Request/ Re-imbursement Form

Requester's Information

Name: _____

Department: _____

Telephone Number: _____ Email: _____

Remittance Information

Amount to be Paid: _____

Remit to: _____

Should the check be mailed? Yes No

Address: _____

Departmental Allocations:

Description of Request: _____

Did this request go through the protocol committee? Yes No

If no, did the board approve this request? Yes No Date: _____

If a reimbursement, are the receipts attached? Yes No

Department Head's Signature: _____

Date Submitted: _____ Date Needed: _____

For Office Use Only: Check No: _____ Date Remitted: _____ Release to: _____ Receipts/Invoice Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Treasury Staff Signature: _____ Date: _____
