



FIRST MEMORIAL
BAPTIST CHURCH

FIRST MEMORIAL BAPTIST CHURCH REIMBURSEMENT REQUEST FORM

Use this form for purchases which you have already made, but require reimbursement.

NO reimbursements will be made without receipts. Please attach ALL receipts to this form and submit to the finance office. Please be prepared to wait up to 7 days for your reimbursement. Checks are cut each Thursday.

Name of Ministry: _____

Ministry Account Number: _____

Make check payable to: _____

Amount of Check: _____

Payee Address: _____

City: _____ State: _____ Zip Code: _____

Explanation: _____

Mail to Payee: YES or NO

Requester will Pick up at Church: YES or NO

Remarks: _____

Ministry Leader: _____ Date: _____

Requested By: _____ Date: _____

FOR OFFICE USE ONLY:

Authorized By: _____ Date: _____

(Pastor, Church Administrator, Director of Ministries or Finance Ministry Designee)

NOTE: All requests \$300 and above will require the Pastor's signature.

CK Number: _____

CK Signee: _____