

**CARTERSVILLE SDA CHURCH
CHECK REQUEST FORM**

CHURCH CK#: _____

Please Make Check Out To: _____

Name: Please Print

DATE _____

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					
17					
18					
19					
20					
				Total Amount Requested	-

Signature: _____

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 receipts to 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, 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"