

**Check Request / Expense Reimbursement**  
**PLEASE PRINT CLEARLY!!!!**

Check request processing time is approximately two weeks.

**NOTE:** Incomplete forms cannot be processed, and will be returned.

Name (person completing request): \_\_\_\_\_

Explanation of request / expense:

\_\_\_\_\_

**Attach, securely, any/all receipts and /or backup to this request**

Amount of expense to be charged to:

\$ \_\_\_\_\_ Religious Exploration Ministry

\$ \_\_\_\_\_ Social Justice Ministry

\$ \_\_\_\_\_ Multi-Cultural/Anti-Oppression Ministry

\$ \_\_\_\_\_ Theological Diversity Ministry

\$ \_\_\_\_\_ Growth Ministry

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total of Check Request \$ \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Date Completed Request is Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorized Approval Signature: \_\_\_\_\_

Finance Department Use Only

E-Pay/Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_\_

Account Number: Q# \_\_\_\_\_, \$ \_\_\_\_\_

Q# \_\_\_\_\_, \$ \_\_\_\_\_