**ENOREE RIVER BAPTIST ASSOCIATION**
**CHECK/REIMBURSEMENT REQUEST FORM**

Date Requested: ____/_____/_____ Date Needed: ____/_____/_____

Total Check Amount

$

_____
Payee

_____
Street or P.O. Box

_____
City State Zip

| Itemized Amount | Explanation of Expense |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| Total | |

Requested by:_____ Approved by: _____

**INSTRUCTIONS**

1. Please submit expenses within 7 days of the expenditure.
2. Receipts must be attached with details of item(s) purchased and how purchase was paid for.
3. If the requester and payee are the same or the Treasurer, two approval signatures are needed.

**FINANCE TEAM USE ONLY**

Date Approved Form Received: _____

Date Requester Notified: _____

Date check released_____

Request Denied (Reason):_____

_____

Additional Action Required_____