

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

Ministry: _____ Acct. Balance: _____

Date Requested: _____ Date Needed: _____

Payee	Explanation of Expense	Check Amount	Check #

Requested by: _____ Approved by: _____

Remaining Acct. Balance: _____

INSTRUCTIONS

1. Please submit expenses within **7** calendar days of 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(s) Released: _____

Remaining Balance: _____

Request Denied (Reason): _____

Additional Action Required: _____
