



Check Request Form

Account: _____

Amount: _____

Due Date: _____

Payable to: _____

**If you are already in the system and have received a check reimbursement you may write "On File" below*

Mailing Address: _____

**If there has been a change of address since you last received a reimbursement please check here:*

Description/Purpose of Expense: _____

**Please have "Approved by" signature in place before turning in for reimbursement (if applicable):*

Approved by: _____

Please check one:

Mail to Payee Hold in Office for Pick-up

Other: _____

Signed by: _____ Date: _____

**All reimbursement requests must have receipts attached. No reimbursements will be issued for copies of personal checks written without substantiating receipts. Only purchases made by the church or by a church staff member are eligible for sales tax rebates. Purchases should be made through the church office whenever possible and for any expense over \$500.00. Thank you for your cooperation and assistance in meeting Diocesan Requirements!*