

TRINITY BAPTIST CHURCH
Check/Reimbursement Request

_____ Date Needed

Pay To the Order of _____ \$ _____

Address _____

City, St, Zip _____

_____ Dollars

For _____ (Your Signature)

Approved by: _____
 (Committee Chairperson or Department Director)

_____ Budget (000) _____ Designated Fund (002) or (004)
 _____ Building Fund (001) _____
 (specify designated account name)

Fund	Dept#	Acct#	Amount	Description
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

**Reimbursement request should be made in a timely manner, within 30 days of expenditure.
 *Please attach original receipts.
 *Be sure you have the approval signature from your chairperson or appropriate minister/director.
 If requesting reimbursement for sales tax, include reason why taxes were not exempt by merchant.

_____ Mail to above address
 _____ Leave at church office for pick up by

Note: Checks are processed every Thursday (Holiday weeks may vary). Check request must be in by Wednesday at 4:00 pm. Checks are signed on Sunday and mailed out Monday.