PAYMENT/REIMBURSEMENT FORM

Form Submitted by: _____

Check Payable to: _____

Circle One: **Purchase** **Reimbursement** **Credit Account** **Donation** **Payment**

Receipt	Amount	Account

Check No: _____ **Total Amount:** _____ **Date:** _____

Justification:

Instructions:
(1) Enter your name, and (2) the name of the one receiving payment if payment is to be made.
(3) Place a circle around the transaction type.
(4) Describe each receipt, the amount, and the budget account if appropriate.
(5) Enter the total amount, and the current date.
(6) Include a justification if appropriate or helpful.
(7) Attach any receipts, and submit to the Church Finance Officer.