

Wilson SDA Church

Check Request Form

Please Make check out to: _____

Date of request: _____

Please print

Record of Receipts

	Date	Store/Vendor	Items Purchased	Account to Charge	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total Amount Requested					

Requester's Signature: _____

To be filled out by treasurer:

Date of payment: _____ Check # _____

Directions:

- 1) Complete the top of this form, listing each receipt on a separate line.
- 2) Attach all original receipts by stapling them to the back of this form.

General Guidelines for Reimbursements:

- 1) Church or school purchases should not be co-mingled with personal purchases on the same receipt.
- 2) Purchaser must write the purpose, department, and / or project on each receipt.