New Jersey Conference of Seventh-Day Adventists
(Church Name:_____)
Reimbursement Check Request Form

Make Check Payable To:

Name: _____ Daytime phone: _____
Address:_____ City:_____ State____ Zip_____

Expenses:

Purchase Date	Description	Department	Amount

All Receipts must be within 60 days of the date of purchase in order to receive reimbursement.

Total Amount to be Reimbursement	**$**

I certify that the above is a true statement that the expenses claimed were incurred by me on official church business, and original receipts for each expense is stapled to this form.

Signature: _____ **Date:**_____

Authorized by:_____ **Date:** _____
(Department head)

PLEASE KEEP A COPY OF THIS FORM AND ALL RECEIPTS FOR YOUR RECORDS

"Return completed form to the church treasurer"

This Section is to be filled out by the treasurer only:

Approved by: ____ Board or ____ Department head (Name: _____) Date_____

Reimbursement date: _____ Check#_____

Treasurer Signature and date: _____