

Magazine Street SDA Church Reimbursement/Check Request Form

****Attach All Receipts****

Note: To receive reimbursement, original receipts or invoices must be attached to this form or sent to magazinestreetsdachurch@gmail.com. Please ensure that all receipts are itemized. For all transactions, use the tax-exempt form; taxes will not be reimbursed if the form is not utilized.

Date: _____

Is this an Advance or Reimbursement

Person requesting Check: _____

Amount of Check/Reimbursement: _____

Description of Expense: _____

MAKE CHECK PAYABLE TO: _____

Address: _____

City: _____ State: _____ Zip: _____

Is there a W9 on file? Yes No If not one is required before reimbursement is made.

Is this request within the department budget? Yes No

Is this request approved by the department leader? Yes No

Comments: _____

Department/Ministry: _____

Department/Ministry Leader: _____ Date: _____

Pastor Signature: _____ Date: _____

Treasury Signature: _____ Date: _____

*Checks are written on the 15th and 30th of each month and all checks will be mailed to you or the intended recipient. Please reach out to the treasurer if you need any additional accommodations.