

Reimbursement Request Form

Grace Hmong Alliance Church

14665 W Lisbon Rd., Brookfield, WI 53005, (414) 643-5272, ghalliance1@yahoo.com

Form must be approved by church official before check is issued. Please attach all receipt(s) for the purchase(s) and give to either the Bookkeeper/Treasurer.

Reminder: The enforced policy remains that if you do not have a receipt, you will not get reimbursed.

Amount: \$ Budget Account #:

Budget Account Description:

Spell Out:

Payable to:

Payee Address:

City State Zip Code

Phone Number

Purpose:

Is This a Budget Approved Activity? Check One: Yes No

Requested by: Date:

Ministry Department/Office:

For Officer and Treasurer's Use Only

Approve by Church Official: _____

Signature: _____ Date _____

Treasurer/Bookkeeper: _____

Date Paid: _____ Check#: _____ Amount \$ _____