

Sanctuary Fellowship of St. Louis Check / Reimbursement Request

DATE: _____

MAKE CHECK PAYABLE TO: _____

(Address if necessary) _____

DESCRIPTION OF PURCHASE: _____

AMOUNT REQUESTED: _____

(Attach all receipts)

SIGNATURE _____

(Person requesting check)

Instructions:

1. Person requesting the reimbursement check must date this request, indicate who should be paid (with address if necessary), describe the purchase, attach all receipts, and sign this form.
2. The Description of Purchase should indicate which church function the purchase is for (e.g., Fellowship supplies, Music program, Office supplies, etc.).
3. In the Description field, indicate if this purchase is to be billed later (e.g., Schnuck's Corporate Card, Office Depot account, etc.). The Treasurer will correlate all receipts when the actual bill is received.
4. The Amount Requested is the total of the attached receipts -- Check will be issued within 7 days.
5. The completed form should be given to the Fellowship Treasurer or turned in at the Worship Table.
6. Questions may be referred to the Church Office at 314 962-7459 or admin@sactuary-stl.org. Copies of this form may be requested from the Church Office or printed from the web (www.sanctuary-stl.org/CheckRequest.rtf).

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