

Colosse Baptist Church Check Request Form

Provide a Check To:

Name: _____

Address: _____

Total Amount of Reimbursement: \$ _____

Reimbursement Charged to:

Check either budget or fund, list account name and list amounts if split between budgets and/or funds.

	<u>Account Name</u>	<u>Amount</u>
_____ Budget	_____	_____
	_____	_____
	_____	_____
	_____	_____
_____ Fund	_____	_____
	_____	_____
	_____	_____
	_____	_____

Committee Head Approval: _____

Contact (Phone # or Email): _____

Date Submitted: _____

Please staple receipt/invoice and place in the Treasurer's mailbox.