



Check# _____

_____ SDA Church
Payment/Reimbursement Form

Date: _____ Date Check Needed: _____

Requested By: _____ Check Amount: _____

Vendor Name/Check Payable to: _____

Vendor Address: _____

Vendor Phone: _____

Description: _____

- I will pick up check from church office
 Send check to me via U.S. Mail
 Send check directly to vendor
- Check Request or Purchase Order

FOR OFFICE USE ONLY

Approved By:

Department Head _____

Treasurer _____

Pastor/Head Elder _____

*****Receipts must be attached for all payments and/or reimbursements prior to check being issued*****