

## Check Request/Reimbursement Form

St. Mark's United Methodist Church

*(For Bookkeeper's use only)*

Date Requested: \_\_\_\_\_

Check #: \_\_\_\_\_

Dollar Amount Requested: \_\_\_\_\_

Date Paid: \_\_\_\_\_

\$ Amount Paid: \_\_\_\_\_

Please issue check to:

Name: \_\_\_\_\_

Mailing Address or Delivery Instructions: \_\_\_\_\_

What is this request for: \_\_\_\_\_

Charge Current Expense Acct. No.: \_\_\_\_\_

Charge Designated Expense Acct No.: \_\_\_\_\_

Approved by: \_\_\_\_\_

*Committee Chairperson*

\_\_\_\_\_

*Staff Person*

This form must be approved by Committee Chairperson or Staff Person.  
Please attach invoice or receipts to back of form & put in Bookkeeper's mail box. Thank you!



St. Mark's United Methodist Church, 1431 W. Magee Rd., Tucson, AZ 85704

(Revised 01-04-19)