NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH
REIMBURSEMENT FORM

Date of Request: _____ Amount of Request: $_____

Person Making Request: _____ Contact Phone # _____

Auxiliary or Ministry: _____

Purpose of Request:
_____
_____
_____
_____
_____

Make Check Payable to: _____
<div align="center">(Print Name)</div>

Check Received by: _____
<div align="center">(Signature)</div>

Is this request for a reimbursement?   Yes [ ]   No [ ]
Are your receipts attached?   Yes [ ]   No [ ]
Is there a difference between amount of requisition and receipts?   Yes [ ]   No [ ]
Amount of Difference $_____

Please submit written request to the Business Office at least two weeks in advance. If time permits and funds are available, requests received on Wednesday may be ready for Sunday disbursement; requests received on Sunday will be ready for Wednesday disbursement. You will receive a phone call when check is ready for pickup. This form must be completed in its entirety and have the correct signatures. ALL RECEIPTS MUST BE TURNED IN TO THE BUSINESS OFFICE NO MORE THAN SEVEN (7) DAYS AFTER THE EVENT.

TREASURER: _____ DATE: _____
<div align="center">Signature</div>
LEADER/PRESIDENT/PASTOR: _____ DATE: _____
<div align="center">Signature</div>

<div align="center">(FOR OFFICE USE ONLY)</div>

Ministry Account Code: _____   **Check #:** _____

Reviewed by: _____   **Date:** _____
<div align="center">Financial Analyst</div>
Approved by: _____   **Date:** _____
<div align="center">Church Business Administrator</div>
Check Disbursed by: _____   **Date:** _____
<div align="center">Financial Analyst</div>