

Fellowship Bible Church
Check/Reimbursement Request Form

- 1. Fill out Check Request form. All items in bold are required.**
- 2. Attach all receipts. (If possible keep originals and submit copies of receipts.)**
- 3. Place form in Bookkeeper's mailbox. (Outside Volunteer Room)**

Please allow 7-10 days for all checks to be approved, processed and mailed to your home.

Pay to the order of _____ **Date submitted** _____
(Name)

Forward check to (if applicable) _____ Date required (if applicable) _____

Mailing Address _____

For the purchase of (please list event, items and/or what is applicable) _____

PO# _____ (All purchases >\$250 must obtain authorization from aboutfbc.org/ministryleaders/forms/purchase)

Please indicate the amount to be reimbursed on the line next to the ministry:

Adult Education (5315) \$ _____ Men's (5446) \$ _____

Audio/Visual (5005) \$ _____ Missions (5507) \$ _____

Awana (5320) \$ _____ MOPS (5441) \$ _____

Building Maintenance (5230) \$ _____ Nursery Supplies (5395) \$ _____

Custodial Supplies (5215) \$ _____ Office Supplies (5020) \$ _____

Fellowship Kids (5365) \$ _____ Outreach (5460) \$ _____

Furnishings & Equip. (5240) \$ _____ Short Term Missions (553X) \$ _____

Honorariums-Visiting Speaker (5360) \$ _____ Trip to: _____

Hospitality (5415) \$ _____ VBS (5325) \$ _____

Ignite (5321) \$ _____ Women's Ministry (5445) \$ _____

Decorations (5055) \$ _____ Worship & Baptism (5330) \$ _____

Kitchen Supplies (5245) \$ _____ Youth (XXXX) \$ _____

Miscellaneous/Other: (Account/Ministry: _____) \$ _____

Total Expenses submitted: \$ _____ **Ministry Leader Approval:** _____