



Check Request Form

Amount: _____

Due Date: _____

Account: _____

For Staff accounts only

Requesting Commission/Ministry Name: _____

Payable to: _____

Person Requesting Reimbursement

Mailing Address: _____

Description/Purpose of Expense: _____

Submitted by: _____

Signature of person requesting reimbursement

Date submitted

Approved By: _____

1. Ministry Lead Signature

and

2. Commission Chair Signature

Please check one:

Mail to Payee: _____ Hold in Office for Pick-up: _____ Other: _____

Signed by: _____ Date: _____

Business Manager signature

Receipts MUST be submitted within 30 days of purchase.

**All reimbursement requests must have receipts attached. No reimbursements will be issued for cash or copies of personal checks issued without substantiating receipts.*

Thank you for your cooperation and assistance in meeting Diocesan Requirements.

Directions for Reimbursement of Ministry/Commission Expenses

1. All Ministry Expenses must be approved by the Ministry Lead and the Commission Chair.
2. Once both signatures are obtained, the Check Request Form is submitted to the Business Manager.
3. Please include original purchase receipts with the Check Request Form
 - a. If original purchase receipts are not available, submit a copy of digital or online purchase receipts.
 - b. Keep a copy for your records.