

ST. STEPHEN'S UNITED METHODIST CHURCH

9203 Braddock Road, Burke, VA 22015

REIMBURSEMENT/PAYMENT REQUEST FORM

Please place completed form in the Financial Manager's (Susan Snow) box in the office. If possible, obtain the "Authorized By" signature before turning in the form.

Date: _____ Amount: _____

Pay to the order of: _____

Full Address: _____

Person requesting payment: _____

Phone #: _____

Account to be charged: _____

Expense Description: - _____

Account Authorized by: _____

(If you are the individual authorized to approve expenditures to the above account indicate "self", otherwise insert name of the authorizing individual.)

Approved by: _____

Signature of individual authorized to approve expenditures to the account listed

The original invoice(s), receipt or other supporting document must be attached to the back of this form.

Reviewed By: _____ (Initials of individual signing check)

_____ I will pick up check in church mailbox: _____

_____ Check should be mailed.

_____ Special request: _____

Day/Date needed: _____

**NOTE: Please allow one week for processing and signature.

Updated 6/2016