

2021 CHECK REQUEST AND REIMBURSEMENT FORM



PAY TO THE ORDER OF	
STREET ADDRESS	
CITY, STATE ZIP	

CHECK ONE: MISSIONER EXPENSE REIMBURSEMENT
 COUNCIL/OPERATIONS EXPENSE
 TRUSTEE EXPENSE

INSTRUCTIONS: Complete entire form, including account numbers.
 Attach support documentation, staple receipts.
 Missioners, sign and submit to Bishop for approval.

NOTES:

Date	Payee/Description	Miles	Rate	Amt	Fund	Dept	Account	Proj.	Amount
			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
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			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
			0.56	\$ -					-
Grand Total:									\$ -

Please obtain department approval before submitting request

Completed by:	Date:	Payment Authorized Signature:	Date: