

Grace Community Church

expense reimbursement/check request form

*these fields cannot be filled out electronically

Check Payable

To: _____
 Address: _____

Date Requested: _____
 Date Needed: _____

	Mission Critical Area	Account	Sub-Account	Description	\$ Amount	Date
Example	Administration	Computer	Equipment	Monitor	\$200.00	3/2/2004
				Total:	\$0.00	

*Requester
 Signature: _____

*Director's
 Signature: _____

- Administration
- Groups
- Life Development
- Missions
- Phase IV
- Sr. Pastor

****RECEIPTS MUST BE ATTACHED****
****SALES TAX WILL NOT BE REIMBURSED****

Weekend Services