

# Check Request/Reimbursement Form

**Receipts must be attached for any check requests or reimbursements**

Checks requests for purchases will need a week to process, please plan accordingly.

Date: \_\_\_\_\_

Checks made payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Checks will not be left for pickup, but can be left in Ministry Leader's mailbox, if specified.

\_\_\_\_\_ Check here to leave in Ministry Leader's mailbox

Amount	Account Number	Description of Purchase	Ministry

\$\_\_\_\_\_ Total

Submitted by: \_\_\_\_\_  
Please give to your ministry leader for approval

\_\_\_\_\_ Leader approval



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