

REQUEST FOR PAYMENT OR REIMBURSEMENT FORM

(Submit Completed Form to Church Office)

Bethel Lutheran Church
4925 Farmingdale
Colorado Springs, CO 80917

PAY REQUEST AMOUNT \$ _____
TYPE OF DISBURSEMENT Budget _____ CODE: _____
Designated Funds _____ CODE: _____

PURPOSE OF REQUEST : _____

Make check payable to : _____

Receipt Attached: Yes _____ No _____

Indicate One:

- _____ Check to be Mailed (enclose all order forms)
- _____ Check to be Placed in Requestor's Mailbox
- _____ Check to be Placed in Mailbox of _____

REQUESTED BY (Signature)

CHAIRPERSON APPROVAL

DATE OF REQUEST

DATE OF APPROVAL

DATE CHECK NEEDED

attach any documents pertinent to request