



Dove of the Desert UMC

Circle one: Pay on Invoice

Reimbursement Request

Check Request

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Department / Committee / Group: \_\_\_\_\_

Purpose of Expense (s):

DATE	DESCRIPTION	VENDER	RECEIPT ATTACHED	NOTE	BUDGET LINE ITEM	TOTAL

Fully completed reimbursement requests received by Sunday of each week will have their checks for reimbursements written by Thursday of each week and mailed by Friday or Saturday of the same week.

Incomplete reimbursement requests may delay your payment.

<b>Subtotal</b>	
<b>Total Due</b>	

Signature: \_\_\_\_\_

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

Approved by: \_\_\_\_\_  
(committee chair, staff person overseeing budget item, etc.)

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

If requesting a reimbursement: (1) receipts must be attached to this form and (2) this form must be signed by person who oversees the budget impacted by this request—chair of committee, etc.

If paying on an invoice: (1) invoice must be attached to this form and (2) this form must be signed by the person who oversees the budget impacted by this request—chair of committee, etc.

If requesting a check: (1) complete the section below and (2) this form must be signed by the person who oversees the budget impacted by this request— chair of committee, etc.

CHECK REQUEST INFO:

Write check to: \_\_\_\_\_

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

\_\_\_\_\_

*For Treasurer Use Only*

Check # \_\_\_\_\_

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

Notes: