

# Reimbursement Request Form

Grace Hmong Alliance Church

4400 N Mayfair Rd. Wauwatosa, WI 53225, (414) 643-5272, [info@ghalliance.org](mailto:info@ghalliance.org)

Form must be approved by church official before check is issued. Please attach all receipt(s) for the purchase(s) and give to either the Bookkeeper/Treasurer.

Reminder: The enforced policy remains that if you do not have a receipt, you will not get reimbursed.

Amount: \$  Budget Account #:

Budget Account Description:

Spell Out:

Payable to:

Payee Address:

City  State  Zip Code

Phone Number

Purpose:

Is This a Budget Approved Activity? Check One:  Yes  No

Requested by:  Date:

Ministry Department/Office:

## For Officer and Treasurer's Use Only

Approve by Church Official: \_\_\_\_\_

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

Treasurer/Bookkeeper: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Amount \$ \_\_\_\_\_