



GRACE
HMONG ALLIANCE CHURCH
4400 N. Mayfair Rd.
Wauwatosa, WI 53225

Date: _____

Cash / Check / Reimbursement Request FORM

***NOTICE:** All applicable receipt(s) or approval meeting minutes for any request of funds MUST be attached to this form.
NO EXCEPTION ALLOWED!

This Form is for:

Cash Amount: _____

Check Amount: _____

Reimbursement Amount: _____

Spell Out: _____ Dollars

Payable To: _____

Payee Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

DEPARTMENT:

Alliance Men

Sunday School

Maintenance

Alliance Women

Mission

Cross Connection

Youth

YexusFest

Other: _____

Purpose: _____

Is this a Budget Approved activity? *(Must Check One)*

YES

NO

IF "NO" Please Specify: _____

Request By: _____ Title: _____

Secondary Witness: _____ Title: _____

FOR OFFICE USE ONLY

Approved by Church Official Title: _____

Signature: _____ Date: _____

Issuer: _____

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