



# Dove of the Desert United Methodist Church

## Reimbursement / Payment Request

<b>Circle one:</b>	<b>Direct Deposit</b>	<b>Check Request</b>
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Name:

Make Payment to (if different) Name:

Address:

Email:	Phone:
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Department/Committee/Group:

Purpose of Expense:

Purchase or Invoice Date	Description	Vendor	Budget Line Item #	Designated Fund Account #	Total

<b>Incomplete request may delay your payment.</b>	<b>Total Due:</b>	
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<b>Requestor Signature:</b>	<b>Date</b>
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I certify that the request complies with the purpose of the Line Item or Designated Fund, the funds were paid to third parties and I will return any refunds to Dove.

<b>Authorized Signer:</b>	<b>Date</b>
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I certify that the request complies with the purpose of the Line Item or Designated Fund, that there are sufficient funds, the documentation is sufficient.

<b>Authorized Approver:</b>	<b>Date</b>
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I certify that the Required Authorized Signers have been obtained and the amount requested matches the documentation.

**Invoice or receipt must be attached to this form.**  
**Please put in Treasurer's folder or email to: [Treasurer@doveofthedesert.com](mailto:Treasurer@doveofthedesert.com)**