Dove of the Desert
United Methodist Church

Circle one:	Pay on Invoice	Reimbursement Request	Check Request	

Name: _____

Write check to: (if different) _____

Address: _____

Department/Committee/Group: _____

Purpose of Expense(s): _____

If there are equivalent accounts, enter both numbers

Date	Description	Vendor	Receipt ?	Budget Line Item	Designated Funds Account	Total
					Total Due	

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

Incomplete reimbursement requests may delay your payment.

Signature _____ ***Date:*** _____

Approved by _____ ***Date:*** _____

(committee chair, staff person overseeing budget item, etc.)

Invoice or receipt must be attached to this form.
Form must be signed by the person who oversees the budget impacted by this request.

For Treasurer Use Only

Check # _____

Date _____

Notes: _____