

OOLTEWAH ADVENTIST CHURCH

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Office: (423)238-4619 | 9209 Amos Road, Ooltewah, TN 37363

CHECK REQUEST FORM

Please make check out to: (PLEASE PRINT NAME) _____

Date of Request: _____

RECORD OF RECEIPTS

| | DATE | STORE/VENDOR | ITEMS PURCHASED | ACCOUNT TO CHARGE | AMOUNT |
|----|------|--------------|-----------------|-------------------------------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| | | | | TOTAL AMOUNT REQUESTED | |

Signature: _____

TO BE FILLED OUT BY TREASURER

Date of Church Payment: _____ Church Check Number: _____

Directions:

1. Complete the top of this form, listing each receipt on a separate line.
2. Print this form and sign it.
3. Attach all **ORIGINAL** receipts (neatly and in order) to the back of this form.
4. Return this form to the **PHYSICAL CHURCH OFFICE**.

General Guidelines for Reimbursement:

1. Church purchases should not be co-mingled with personal purchases on the same receipt. Have the cashier ring up personal purchases on one receipt and church purchases on another.
2. To be eligible for reimbursement, receipts must be turned in within 30 days of the date on the receipt.
3. Purchaser must write the purpose, department, and/or project on each receipt.
4. **IMPORTANT:** For all restaurant receipts (including fast food or take-out): Write the name(s) of those who ate.
 - If a large group was fed, list the name of the group followed by the number that was fed.
 - EXAMPLE: "Youth Group: 3 sponsors and 6 kids"