

**Saint John's Missionary Baptist Church  
Request for Reimbursement  
Form**

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

**THIS FORM MUST BE ACCOMPANIED BY PURCHASE RECEIPT(S).**

Auxiliary: \_\_\_\_\_ Auxiliary Chairperson: \_\_\_\_\_

Auxiliary Trustee: \_\_\_\_\_ Amount to be reimbursed: \$ \_\_\_\_\_  
(Printed name)

Description of service(s)/purchase(s): \_\_\_\_\_

Name and Address of  
Payee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the *not-later-than* date and time funds are needed: \_\_\_\_\_

Please check one):

- The check should be mailed by Finance Department.
- The check will be picked up by the payee.

Reimbursement Requested By: \_\_\_\_\_  
(Printed Name) (Signature)

\*\*\*\*\*

- Approved
- Disapproved

Approving Authority \_\_\_\_\_ Date/Time: \_\_\_\_\_  
(Printed name) (Signature)

\*\*\*\*\*

Received By Finance Secretary: \_\_\_\_\_  
(Printed Name) (Signature)

Date/Time: \_\_\_\_\_

\*\*\*\*\*

**DISTRIBUTION: Original to Finance Secretary  
Copy Number 1 to Approving Authority  
Copy Number 2 to Payee**