



**Grace
Evangelical
Church**

Check Request/Reimbursement

Payee Name & Address

Make Selection with Checkmark

- | | |
|--|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Jr. High |
| <input type="checkbox"/> Amazing Graceland | <input type="checkbox"/> Sr. High |
| <input type="checkbox"/> Meals/ Kitchen | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Music | <input type="checkbox"/> Quest |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Men's Ministry |
| <input type="checkbox"/> College | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Other _____ | |

Request By	Date Submitted	Date Needed	Signature of Approval
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Account #	Project Code	Description	Total

Total _____

Payment

- Will be picked up by: _____
 - Put in staff mailbox
 - Mail to payee at above address
 - Mail to: _____
- _____