

Milwaukie Covenant Church---Request for Reimbursement or Payment

DATE: _____ CHECK PAYABLE TO: _____

Pymt. Requested by: _____

BUDGET LINE # AND MINISTRY NAME:

AMOUNT

# _____	\$ _____
# _____	\$ _____
# _____	\$ _____

DEDICATED ACCOUNT NAME: (To be authorized by the Fin. Secretary)

AMOUNT

_____	\$ _____
_____	\$ _____

DESCRIBE ITEMS OR SERVICES PURCHASED: _____

ORIGINAL RECEIPT OR INVOICE MUST BE ATTACHED

Place in Bookkeeper's basket in the church office after signed

ALL payments over \$500 must be signed by Leadership board member _____

ALL Dedicated account payments must be signed by Leadership board member _____

Authorization of Leader Board Member/Ministry Team Leader