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| Christ Fellowship Church 459 Herndon Parkway, Suite 8 Herndon, VA 20170  Tele: 703-930-1218; E-mail:Treasurer@cfchurch.org | | | | CHECK REQUEST  for **Expense  Reimbursement** | | | |
| This form must be completed and finalized with all accounting information and receipts  (1) within 30 days after date of check issuance and (2) prior to any further requests for funds by a requestor. | | | | | | | |
| **Section 1** - **To be completed by Requestor prior to activity and/or expenditure.** | | | | | | | |
| **REQUESTOR/MINISTRY LEADER**  Click or tap here to enter text. | | | | | **DATE:**  Check Request Date. | | |
| EXPENSE/REIMBURSEMENT CATEGORY  PASTORAL  WORSHIP SERVICE  CHURCH OFFICE  MINISTRY: Ministry Name.  OTHER: Church Name | | AMOUNT REQUESTED  **$** Amount of Expense/Reimbursement  DATE CHECK REQUIRED Click or tap to enter a date.  PICK-UP  MAIL  OTHER | | | | | |
| PURPOSE OF REQUEST (DESCRIBE EXPENDITURE) Click or tap here to enter text. | | | | | | | |
| **CHECK PAYABLE TO**  Name: Enter Payee/Company Name. Telephone: Payee Telephone Number.  Address: Enter Payee Mailing Address. Email Address: Payee Email Address. | | | | | | | |
| Check requests must be signed and approved by **(1)** the Ministry Leader and/or the Elder Overseer of Ministry and **(2)** the Church Treasurer. Checks are issued on Wednesdays and Thursdays following the receipt of approved check requests. Requestors will be notified by telephone or e-mail by the church office when checks are ready for pick up or delivery | | | | | | | |
| SIGNATURE Requestor/Ministry Leader | SIGNATURE Elder Overseer of Ministry | | | | | SIGNATURE Church Treasurer | |
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| **Section 2. To be completed by Finance Officer upon disbursement of funds**. | | | | | | | |
| Check Issued To | | | | Check No. | | | Check Date |
| Name of Payee | | | | Check No | | | Check Date |
| **Section 3. Accounting of Funds Received. To be completed by Requestor after completion of expenditure. Attach all receipts or invoices. A signed statement of explanation must validate lost or missing receipts.** | | | | | | | |
| Amount of Check Requested  **$** Check Amount | | | | Amount Spent Note: Additional spending should be avoided; when required, obtain telephone authorization prior to expenditure from Ministry Leader/Elder  **$** Enter Amount. | | | |
| **Section 4. Reconciliation of Finance Records. To be completed by Finance Officer upon completion of accounting by requestor. Note any follow up efforts/action.** | | | | | | | |
| Reimbursement due Requestor  **$** Enter Amount of CFC Check. | | | Reimbursement due Church  **$** Enter Amount of Reimbursement.  (Repayment should be made by cash or check payable to CFC) | | | | |
| Date of follow up | | | Effort/Action | | | | |
| Click or tap to enter a date. | | | Click or tap here to enter text. | | | | |
| Finance Officer Initials: | | | Date: Click or tap to enter a date. | | | | |