

FGBC Reimbursement/Check Requisition Form

Date: ____/____/____

Date Required: ____/____/____

Requested By: _____

Make Check Payable To: _____

Area of Ministry	Description	Amount

Total \$ _____

Notes or Comments:

Budget Item Manager: _____ (signature)

*Return this signed form along with receipt to Gina Zeichman. You may place in the offering plate.
Checks will be issued within two weeks.*

Rev: 01/10

For office use only:

Budget Line: _____ Code: _____ Check #: _____ Date Paid: ____/____/____