

HUBER MEMORIAL CHURCH
CASH REIMBURSEMENT / CHECK REQUEST

Ministry: _____

Date: _____

Event / Reason: _____

DETAIL: (Include list of items to be purchased. Attach invoices, bills or receipts)

Budget Funds	Ministry Funds	<u>BUDGET FUNDS or MINISTRY FUNDS</u> (Please Designate the Applicable Funds)	<u>AMOUNT</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

TOTAL AMOUNT REQUESTED

CHARGE: CASH: CHECK:

CHECK#: _____

ACCOUNT: GENERAL MISSION BUILDING FUND H.O.P.E.

CHECK TO BE WRITTEN TO: _____

MINISTRY LEADERSHIP: _____

MINISTRY TREASURER: _____

TRUSTEE: _____

**All Requests Must Be Received By The Wednesday Prior To Disbursement.
All Checks Will Disbursed On Fridays ONLY For Pick-up Or In Ministry Mailbox**

CHECK/CASH RECEIVED BY: _____

Below For Office Use Only

Treasurer / Financial Secretary / Trustee _____

Explanation / Notes: _____

Posted By: Initials: _____ Date: _____