



CANAAN BAPTIST CHURCH
Requisition / Reimbursement Request

PLEASE ALLOW ONE WEEK PROCESSING TIME FOR ALL REQUESTS

FROM: _____ DATE: _____

DATE NEEDED: _____

CHECK TO BE MAILED: YES (Include mailing address)

CHECK TO BE MAILED: NO (All checks can be picked up from the church office during normal operating hours: Tuesday - Friday 9:00 am - 1:00 pm or Sunday after church.)

PURPOSE: _____

PAY TO THE ORDER OF: _____

ADDRESS: _____

REIMBURSEMENT AMOUNT: \$ _____ (Original receipts must be attached and itemized below)

ADVANCE CHECK AMOUNT: \$ _____

RETURNING FUNDS: \$ _____

Ministry	Date	Description	Amount

Ministry Leader's Approval: _____

TRUSTEE USE ONLY

AUTHORIZED BY: _____

ACCOUNT : _____ CHECK #: _____ DATE: _____