

# Reimbursement Request

\*Save copy before filling form

**CHURCH OF THE ROCK™**

Pay to: \_\_\_\_\_ Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

**Summary of Expenses:** Use one line per receipt, staple receipts to **back** of form.

Please complete all columns					
Date	Store Name	Amount	Ministry / Event / Purpose	Account Name / Account #	Project
<b>Total</b>					

Mail to Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include full address to ensure payment is sent to current address.

**Notes:**

Cheques are mailed once per week, cut off for processing is **Tuesday at noon**. Submit with original receipts to:  
 Accounting Department, Church of the Rock  
 1397 Buffalo Place, Wpg, MB R3T 1L6  
 Email: [invoices@churchoftherock.ca](mailto:invoices@churchoftherock.ca)

**PRINT & then attach receipt(s)**

**For Office Use Only**

Invoice Rec'd Date \_\_\_\_\_

A/P Date & Initial \_\_\_\_\_

A/P Data Apprvd \_\_\_\_\_

Department Auth \_\_\_\_\_

Payment Auth \_\_\_\_\_

Paid by Chq/PAD # \_\_\_\_\_

Paid Date & Initial \_\_\_\_\_