## **Reimbursement Request**

## CHURCH OF THE ROCK

Pay to:	Requested by:	Date:
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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			
Total								

For Office Use Only Mail to Address: Notes: Invoice Rec'd Date A/P Date & Initial A/P Data Apprvd Department Auth Cheques are mailed once per week, cut off for processing is Tuesday at noon. Submit with original receipts to: Payment Auth Please include full address to ensure Accounting Department, Church of the Rock Paid by Chq/PAD # \_\_\_\_\_ payment is sent to current address. 1397 Buffalo Place, Wpg, MB R3T 1L6 Email: invoices@churchoftherock.ca Paid Date & Initial