REQUEST FOR REIMBURSEMENT

Attention: *Please fill out the entire form. Attach original receipts to this request.* ***Deadline for reimbursement requests is 1:00 pm on Tuesday****. Checks will be available by Thursday afternoon at 1:00 pm. Reimbursement is subject to approval from the pastor or administrator who over sees the budget category. Forms that are missing information or documentation for the reimbursement or approval will be returned to the person submitting the form. Reimbursement requests will be processed on other days only under rare circumstances and only with Administrator approval.*

Payable to:_____ Phone: _____

Address: _____
Address City State Zip

Memo line comment or account number this check will be attributed to: _____

Account to be used: _____ General Fund _____ Mercy Fund

All checks will be mailed unless one of the following is checked.
_____ put in my staff mail box
_____ will pickup at office (if not picked up by Friday at 4pm, check will be put in mail)

Description/Purpose:	Budget Category & Name	Line Item #	Amount

I attest that all of the above named items are eligible for reimbursement from Sonrise Church

Submitted by: _____ Date: _____ Total Amount: _____

Approved by: _____ Date: _____
Pastor, Administrator or Mercy Coordinator