



CANAAN BAPTIST CHURCH
3011 New Castle Ave.
New Castle, DE 19720
Requisition / Reimbursement Request form

FROM: _____

DATE: _____ DATE NEEDED: _____

PURPOSE: _____

PAY TO THE ORDER OF: _____

Address: _____

REIMBURSEMENT REQUEST: \$ _____

(Original receipts must be attached and itemized below)

ADVANCED CHECK REQUESTED: \$ _____

RETURNING FUNDS: \$ _____

REQUESTED BY: _____

Ministry	Date	Qty	Description	\$ Amount
			TOTAL	

MINISTRY LEADER'S APPROVAL: _____

TRUSTEE USE ONLY

AUTHORIZED BY: _____

ACCOUNT#: _____ **EXPENSE TYPE:** _____ **CHECK #:** _____ **DATE:** _____