

FAMILY CHRISTIAN CENTER

A Foursquare Church

Rescue, Restore, and Release – Luke 4:18-19

Check Reimbursement

(include receipts for all items over \$5.00)

Name:

Date:

Address:

Ministry:

Activity:

Chart of Accounts:

Amount:

Was this item/activity part of the original budget? Yes No

If no, are you requesting an increase in your budget? Yes No

Were funds released for this item or activity? Yes No

Requestor's Signature: _____
(Required for all request)

Ministry Leader's Signature: _____
(Required for all request)

Pastor or Treasurer's Signature: _____
(Required if request is not part of the Ministry's budget)

Accounting Information

Check Number: _____ Check Amount: _____

Ministry Budget Balance: _____

Ministry Release Funds Balance: _____

Check Issuer's Initials:



“Jesus Christ the same yesterday, and today, and forever.” – Hebrews 13:8