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:	
Ministry Leader's Signature:(Req	quired 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:	

