



REIMBURSEMENT REQUEST

Policies: Please make sure that a receipt is provided with all request's. If receipts are divided by multiple departments you will need to write on the receipt the department and amount. Have your department head provide pre-approval prior to turning in the request form. Approval can be sent via text or email. Send emails to office@meridianassembly.org. An authorized signer will provide signature as a witness if the department head is not available.

Instructions:

1. Fill in the blanks on this form.
2. Provide a department head signature. If your purchase involves more than one department you will need to have each department head signature.
3. Attach all receipts to this form (preferably attached to the front with a paperclip)
4. Return completed form to Administrator's box in front office or in office drop slot.
5. All checks will be mailed or available for pick up on Monday's or Thursday's. If you need a check sooner, please indicate when you need it by: _____

DATE ____/____/____ FUNCTION: _____

Check made out to: _____

Address (if mailing check): _____

Department: _____ Amount: _____

Department: _____ Amount: _____

Department: _____ Amount: _____

Department: _____ Amount: _____

TOTAL: \$ _____

NOTE: **No check** will be issued without a **completed form**, **receipts** and **appropriate signatures**.

DEPARTMENT HEAD

I understand that by signing this form I have reviewed all receipts and accept all purchases as necessary for this department. (Please sign back of form if additional signatures are needed).

SIGNATURE _____ DEPARTMENT _____

SIGNATURE _____ DEPARTMENT _____

.....
(OFFICE USE ONLY)

DATE PAID ____/____/____ Signed by: _____

CHECK # _____ AMOUNT ISSUED \$ _____