ABUNDANT LIFE CHURCH

Check Request

Name: _____

Department: _____

Department Head: _____

For Office Use Only	
Date Check Issued:	
Check Number:	
Amount :	

Date	Description (Include Billing Address if Mailing Payment)	*Vendor Check	**Personal Reimbursement	***Pay By Mail	Total
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
		$	$	$	-
Receipts are due to Sis. Bielko before reimbursement check is issued.		0.00	0.00	0.00	

A minimum of 5 business days is required for reimbursement.	Subtotal	$ -
* Check payable directly to vendor.	Advances	
** *Personal reimbursement (up to $250).*	Total Reimbursement	$ -
*** *Invoice submitted to ALC finance office.*	• **Don't forget to attach invoice/Receipt** •	

Authorized By Date

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