

St. John Baptist Church

Request for Check/Reimbursement

Payee's Name _____

Requester's Name _____

Committee/Fund Name _____

Reimbursement Amount _____

Purpose of Reimbursement _____

Requester's Signature _____

Initials of Authorized Church Official _____ Date Processed _____ Check # _____

Checks will be available the following Sunday

Revised 1/2019