

**Wasatch Presbyterian Church**  
**Check Request / Reimbursement Form**

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Payment Delivery Method :

Mail  Pick Up  Place In Box  Other

Date	Purpose – Description	Account No.	Amount Without Tax	Sales Tax 100180
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

<b>Requested By:</b>		<b>Total</b> → → →	\$ A	\$ B
<b>1<sup>st</sup> Signature</b>	<b>Printed Name</b>	<b>Grand Total</b> → → → → →	\$ A+B=	
<b>2<sup>nd</sup> Signature</b>	<b>Printed Name</b>			

Each request must be properly approved according to the Chart of Accounts & have attached receipts or invoices. Completed forms will be processed in 10 working days.

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