

Rose Hill Church Expense Reporting & Check Request Form

Name: _____

CHECK ONE:

Signature: _____

ACH

Check Request

Dates Covered: _____

Reimbursement Check

Other _____

Approval/Officer Signature & Date: _____

Record of RHC Cr/Dr Card Purchase

Date	Amount	Account Number	Description of Item, Event (Must Include Attendees), Food/Meal (Must Include Attendees)	Audited (Office Use)
Total	\$			

- Complete, staple receipts to form in order, and sign form
- If reimbursement request is for Session-approved Restricted / Designated Fund expense, staple Session minutes at which expense was approved to form
- Meals and Events must include attendee names and purpose of meeting/event
- Obtain authorized signature for ministry area for which expenditure was made, or from another authorized signer (may not be the same person or family member of person requesting reimbursement)
- A list of the authorized signers for each ministry area is maintained in the church office or can be obtained from the Church Treasurer
- If you wish to set up ACH deposits, please see the Church Treasurer
- Submit completed form and attachments to Church Treasurer