

# Seven Rivers Expense Reimbursement and Check Request Form

Date of request: \_\_\_\_\_

Person making request: \_\_\_\_\_ Deacon's Fund Acct #: 80050

Check made payable to: \_\_\_\_\_ Deacon's Expense Acct #: 51110

Amount of check: \_\_\_\_\_

Date	Item, Explanation and/or Place	Ministry Purpose	Attendees	Mileage	Rate	Account #	Amount
<b>Total:</b>							

Note 1: IRS requires attendees and ministry purpose be listed for all entertainment expenses

Note 2: The IRS requires receipts or written documentation supporting all expenditures

Note 3: Submit check request to Tricia Marble (triciam@sevenrivers.org)

**Signature of Employee or Account Authority:** \_\_\_\_\_