

Check and Reimbursement Request Form

Crossroads Christian Church of Ukiah
P.O. Box 1533
Ukiah, CA 95482
Telephone (707) 467-8400

Complete all information and--attach necessary receipts and supporting documents

Pay to: _____

Address: _____

City: _____ State: _____ Zip Code _____

When needed: _____ Mail check? Yes No

Amount: _____

Ministry to Charge: _____ Amount: _____ Activity: _____

Ministry to Charge: _____ Amount: _____ Activity: _____

Ministry to Charge: _____ Amount: _____ Activity: _____

I confirm by my signature that these expenses were incurred in conjunction with an officially sanctioned activity of Crossroads Christian Church.

Requestor

Signature: _____ Date: _____

Approved by: _____ Date: _____

Ministries: Administration, Children, Discipleship, Evangelism, Fellowship, Missions, Service, Spanish, Worship, Youth, Seniors or Other (please specify) _____.

For Accounting Use only:

Check # _____ Issued by: _____ Date: _____