

# CHECK REQUEST - DEBIT CARD PURCHASE

Employee Name:   
 or Pay To:

Expense Period  
 From:   
 To:

PROGRAM OR MINISTRY

## Itemized Expenses

DATE	DESCRIPTION	BUDGET ACCOUNT	COST

SUBTOTAL	\$	-
Less Cash Advance		
<b>TOTAL REIMBURSEMENT</b>	<b>\$</b>	<b>-</b>

**Don't forget to attach receipts!**

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Approval Signature Date