

Wasatch Presbyterian Church  
 Check Request / Reimbursement Form

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

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

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

Mail  Pick Up

Place In Box  Other

Date	Purpose - Description	Account No.	Amount Without Tax	Sales Tax 100180	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Requested By:			Total → → →	\$ A	\$ B
Approved By:			Grand Total → → → → →	\$ A+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.