



EXPENSE REQUEST FORM

First Missionary Baptist Church (FMBC)

Request for Check

Request for Reimbursement

Requestor Name: _____ Ministry Name: _____

Contact Information: _____

Check Information

Amount Requested: _____ Event Date (if applicable): _____

Payable To: _____ Check Required Date: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone number: _____ Email: _____

Please specify if the check is to be mailed or picked up in the office.

Please provide the reason for the check/purchase/reimbursement request.

Requestor Signature: _____ Date: _____

**All ministries please forward the completed request to your assigned FMBC Staff member for approval. Upon approval, the check request will be forwarded to the Financial Comptroller for further processing.*

(Please do not write below this line, FMBC Approver use only)

Date Request Received: _____

Approved: Yes No

FMBC Approver Signature: _____

Date Received by the Financial Comptroller Office: _____

Check Number: _____

COA Code Used: _____

Receipt or Support received: Yes No

(Required for all reimbursement requests)