



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.*

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(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)