

Bread of Life Christian Church Chino
Check Reimbursement Request Form

Date

Check#:

Ref#:

Invoice Date	Description	Amount	Center/Dist. Mission Code	Budget Code	Assets	
					Yes	No
			<input type="checkbox"/> General Affairs			
			<input type="checkbox"/> Children Ministry			
			<input type="checkbox"/> Sunday Adult School			
			<input type="checkbox"/> EM			
			<input type="checkbox"/> Personal Expenditure			
			<input type="checkbox"/> AVL			
			<input type="checkbox"/> Worship			
			<input type="checkbox"/> Usher			
			<input type="checkbox"/> Maintenance			
			<input type="checkbox"/> Others			
Total:						
Check Payable To: (One Name Per Form)						
Name:						
Address:						
Phone:						
Executive Board		Admission (部門負責人)		Request Name (Please Print)		
Date:		Date:		Date:		
Special Instruction:						

1. Attach original receipts with the request form and fill it out completely.
2. Please contact Bread of Life Christian Church Chino office at (626) 912-5838 for any question.