

# FGBC Reimbursement/Check Requisition Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Required: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested By: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

| Area of Ministry | Description | Amount |
|------------------|-------------|--------|
|                  |             |        |
|                  |             |        |
|                  |             |        |
|                  |             |        |
|                  |             |        |
|                  |             |        |

Total \$ \_\_\_\_\_

Notes or Comments:

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Budget Item Manager: \_\_\_\_\_ (signature)

*Return this signed form along with receipt to Gina Zeichman. You may place in the offering plate.  
Checks will be issued within two weeks.*

Rev: 01/10

**For office use only:**

Budget Line: \_\_\_\_\_ Code: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_