

Greater Love Church

Reimbursement/ Advance/ Payment Request Form

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

Ministry/ Purpose: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

<input type="checkbox"/> <b>Reimbursement</b>	Requested date: _____
Use of Funds: _____	Amount: _____

<input type="checkbox"/> <b>Advance</b>	Requested date: _____
Purpose: _____	Amount: _____

<input type="checkbox"/> <b>Payment Request</b>	Requested date: _____
Payment to: _____	Amount: _____
Payment to: _____	Amount: _____
Payment to: _____	Amount: _____

Funds Received by: *(Sign)* \_\_\_\_\_

<b>CASH/ RECEIPTS RECONCILIATION</b>	For advance payments, if over or under spending occurs, please fill in the amounts below.						
	<table> <tr> <td>Actual Cost</td> <td>\$ _____</td> <td rowspan="3">Rec'd by Requestor: _____</td> </tr> <tr> <td>Net Refund to Greater Love</td> <td>\$ _____</td> </tr> <tr> <td>Net Due to Requestor</td> <td>\$ _____</td> </tr> </table>	Actual Cost	\$ _____	Rec'd by Requestor: _____	Net Refund to Greater Love	\$ _____	Net Due to Requestor
Actual Cost	\$ _____	Rec'd by Requestor: _____					
Net Refund to Greater Love	\$ _____						
Net Due to Requestor	\$ _____						
Date: _____							

Reimbursement

Date Reimb. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Reimb. Rec'd by: \_\_\_\_\_ Date \_\_\_\_\_

Authorized by \_\_\_\_\_ Funds issued by \_\_\_\_\_

*(For amounts over \$300)*