

## Terms of Advances/FDF Reimbursement

1. All FDF/Advances must be pre-approved by Ministry Leader or Senior Pastor.  
Senior Pastor must approve FDF/Advances for Ministry Leaders
2. FDF form must be turned in no later than 2 days after receiving approval
3. Requests are to be submitted to the Stewardship Ministry in person or via email ([ncbfstewardship@outlook.com](mailto:ncbfstewardship@outlook.com))
4. Reimbursements are paid in 30 days from the receipt of completed approved FDF depending on funds availability ( Advances should be submitted 45 days before needed)
5. FDF/Advances must include acknowledgement of these terms by signing and dating below.

\_\_\_ I acknowledge the Terms of Reimbursement for the Funds Disbursement Form

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Signature

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Date

	<p>NEW CREATION BIBLE FELLOWSHIP</p>	<p>P.O. Box 1054 Tracy, CA. 95378-1054</p>
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***This is a confidential document and is the property of New Creation Bible Fellowship without whose prior written consent it may not be disclosed to a third party or copied. All written material and other data pertaining thereto will be returned to New Creation Bible Fellowship upon request.***

**PLEASE PRINT AND USE ONLY BLUE OR BLACK INK**

Ministry Name:	Ministry Leader's Signature:
Ministry Leader:	Senior Pastor Signature:

CHECK ONE OF THE FOLLOWING OPTIONS:  
(Receipts are mandatory for church records and processing)

<input type="checkbox"/>	Advance	<input type="checkbox"/>	Honorarium	<input type="checkbox"/>	FDF Receipts for Church records	<input type="checkbox"/>	Invoice for Payment
<input type="checkbox"/>	Reimbursement	<input type="checkbox"/>	Community Activity Receipts	<input type="checkbox"/>	Event	<input type="checkbox"/>	Conference/Training

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

***(Please submit to Stewardship Ministry. Requests paid in thirty days depending on f funds. Advances should be submitted at least 45 days before needed)***

**PAYEE INFORMATION**

NAME:			
First Name	Middle Initial	Last Name	
ADDRESS:			
Street No.	City	State	Zip Code
TELEPHONE: ( )		EMAIL:	

**MAIL TO INFORMATION**

(WRITE **SAME** IF INFORMATION IS SAME AS ABOVE)

NAME:			
First Name	Middle Initial	Last Name	
ADDRESS:			
Street No.	City	State	Zip Code
TELEPHONE: ( )		EMAIL:	
Description of Request	Amount	Expense (Airfare, Travel, etc.)	Amount

		Submitted		Requested
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
5.		\$		\$
6.		\$		\$
7.		\$		\$
8.		\$		\$
9.		\$		\$
10.		\$		\$
11.		\$		\$
12.		\$		\$
13.		\$		\$
14.		\$		\$
15.		\$		\$
16.		\$		\$
17.		\$		\$
18.		\$		\$
19.		\$		\$
20.		\$		\$
<b>TOTALS</b>				\$

**AUTHORIZED SIGNATURES**

Check Signer 1	Date
Check Signer 2	Date

RECEIVED

PAID	
DATE	CHQ. NO.