Westminster Seventh-day Adventist Church

Reimbursement Request

Budget Item

Church Position Department _____

Requester's Name:

Cheque Payable To:

After filling out this form, place it in envelope provided with all the **original** receipts. Place envelope in box #200 **unsealed**.

#	Date	Store	Description	GST	PST	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Requester's Signature			- Total				
Authorization Signature(s)							
(a)			For Treasury Department Use Only				
(b)			Date	Cheque #	Posted by		
(c)							

(a) Authorized Budget Overseer (b) Board Motion with initials and signature (c) Church leadership approval