



HAYWARD CHECK REQUEST FORM

FROM: _____ DATE: _____

MAKE CHECK PAYABLE TO: _____

AMOUNT: _____

MAILING ADDRESS: _____

BUDGET LINE: _____
(Department Fund)

DESCRIPTION-INCLUDING DATE, DESTINATION/LOCATION OF EVENT,
PARTICIPANTS, ETC:

APPROVED BY: _____ DATE: _____
DEPARTMENT HEAD/NAME AND SIGNATURE

NOTE:

PLEASE ALLOW 2 WEEKS OF PROCESSING FROM THE DATE OF SUBMISSION; ALL REIMBURSEMENTS SHOULD BE SUBMITTED WITH ALL RECEIPTS. "NO RECEIPTS NO REIMBURSEMENT"

***For Reimbursement questions please contact:
Ernesto An – Hayward Adventist Church Treasurer
E-mail: Treasurer.HaywardSDA@Outlook.com***