



ITEMIZED CHECK REQUISITION

Date of Request: _____

Make Check Payable to: _____

Submitted By: _____

Name: _____

Phone: _____

Address: _____

E-mail: _____

Pick Up or Mail Check: _____

Date	Vendor	Description of Expense	Ministry	Amount

Total Amount Requested _____

Approved By: _____

Ministry: _____

NOTE: Please fill out all applicable fields & attach original receipts. Allow ten (10) business days to process reimbursements for approved church expenses.

FINANCE OFFICE USE

Check No. _____

Date Issued _____

Line Item _____

Receipts? _____

304 E Spruce Ave + Inglewood, CA 90301 + 310.677.7106
office@inglewoodfirst.org + www.inglewoodfirst.org