Advance of Funds/Reimbursement/Check Request

***Please Check One Below:***

**Advance of Funds**  **Reimbursement**   **Check Request**

**Date:**       **Code:**

**Amount:**      **Payee:**

**Disbursement Method:** **Pick Up**  (Available on Fridays @ 12noon Campus A – Front Desk, unless otherwise stated)

**Mail**   **Address:**

**Ministry/Department:**

**Reason for Request:**

***Ministry/Department Head Approval******Director or Designee Approval***

**Please retain a copy for your records. This form may be emailed to accountspayable@faithchapel.net or sent to the Accounts Payable Department.**

**Additional Comments:**

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## **Office Use Only: Do not write below this line**

*Date Received Date Entered*

***Comments:***

Rev 02/2017

# FCCC-006rev07/15