

**Victorious Life Church
Check Request / Reimbursement Form**

****ALL REQUESTS TURNED IN BY THURSDAY NO LATER THAN 5:00PM WILL HAVE A CHECK ON THE FOLLOWING SUNDAY.**

Date: _____/_____/_____

Auxiliary _____

Contact: _____ **Phone:** _____

Requesting Funds **Reimbursement**

MAKE CHECK PAYABLE TO: _____

Give reason in detail:

Amount requested: \$ _____

Amount granted: \$ _____

Person requesting funds signature: _____

Bishop's signature: _____

REQUEST FOR FUNDS POLICY

Before any check can be released to any person or auxiliary they must have the approval of the Bishop. The person requesting funds must fill out a Check Request/Reimbursement Form. All information on the form must be filled out.

Only Bishop Mark C. Tolbert can give permission or the person that he designates can give the approval to release funds.

All requests for funds must be accompanied by a receipt or invoice(s).

All purchases made without prior approval WILL NOT be reimbursed.

There is no exception to the rule.