



Chinese Christian Church of Madison
Check Reimbursement/Request Form

Payee: _____ Tel: _____

Address _____
(Required only if check is to be mailed to the payee)

Date	Purpose / Items	Amount

Please attach a copy of your receipt(s). If receipt is not available, please explain:

Requested by _____ Signature _____ Date: _____

Approved by _____ Signature _____ Date: _____