



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: \_\_\_\_\_