

# REQUEST FORM

## NORTH BEND CHURCH

P.O. Box 26  
Danville, OH 43014

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Committee

CHECK MADE OUT TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

All requests must be made within 60 days of purchase and payments will be made within to 7-10 days following the request. No reimbursement will be made without a copy of the receipt.

TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_

REASON FOR EXPENSE:

\_\_\_\_\_  
\_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
Committee Chair, etc.

If reimbursement is over \$500, must have a second signature

SECOND SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

This portion to be completed by the treasurer:

TREASURER: \_\_\_\_\_

CLEAR FORK: \_\_\_\_\_

DANVILLE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_