

Parkway Fellowship Check Request/Reimbursement

Make check payable to: _____

Address (If you would like the check mailed)

Telephone Number _____

Date Requested _____

| Place of Purchase | Date | Items Purchased | Account to be charged | Campus | Amount | Amount in line item <i>after</i> expense |
|-------------------|------|-----------------|-----------------------|--------|--------|--|
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Total: \$ -

Please attach all receipts and/or invoices

Prepared by: _____

Ministry Head Approval: _____
(for line item expenditure and completeness of form)

Business Mgr Approval: _____
(for cash flow)

Date paid: _____

Check number: _____

NOTES: