



New Work Fellowship

- Check Request
- Reimbursement Request
- Charge Card Request

(For Purchases of less than \$100)

Name of Person Making Request: _____

Date requested: _____ Date needed: _____

Activity Description: _____

PAID TO:	FOR:	ACCOUNT:	AMOUNT:
TOTAL			

Signed: _____

Financial Secretary: _____ date: _____

BUDGET AMOUNT AVAILABLE PRIOR TO THIS REQUEST: \$ _____

Minister Approval: _____ date: _____

- Please use a PO for check requests, reimbursements and/or visa requests over \$100.00