PAYMENT/REIMBURSEMENT REQUEST

Grace Christian Reformed Church
100 Buckley SE, Grand Rapids MI 49503
(616) 452-8920

****PLEASE ATTACH ALL RECEIPTS/INVOICES****

Make check payable to:

Name _____ Phone _____

Address _____

Total amount of check _____

Purpose _____

Select account to be charged:

_____Benevolence
_____Creation Care
_____Food Pantry Supplies

_____Children's Worship
_____Grow in Grace
_____Kid's Night/VBS

_____Adult Education
_____Nursery
_____Small Groups
_____Sunday School

_____Liturgical/Worship Supplies
_____Music, Piano, Organ Supplies/Expenses

_____Office Equipment
_____Office Supplies/Bulletins
_____Staff Misc./Temporary Staff

_____Facilities Repairs
_____Facilities Supplies
_____Facilities New Equipment

_____Fellowship Supplies
_____Fellowship Sympathy/Joy
_____Fellowship Church Life

_____Leadership Training
_____Guest Pastor

_____Other, specify: _____

_____Restricted Fund, specify: _____

_____ _____
Signature of person making request Date

_____ _____
Authorized Signature* Date

* Give to committee chair, council president, pastor or treasurer who reviews, signs, and passes on to Grace's bookkeeper, Marilee Roukema.
Revised April 2021