CHECK REQUEST OR REIMBURSEMENT

Date:_____   Email:_____

CHECK PAYABLE TO: MAIL CHECK TO:

Name:_____   Name:_____

Address:_____   Address:_____

_____   _____

_____   _____

Itemize Expenditures
Attach receipts when available

Date	Description/Purpose	Amount
	Total	

Is this a service (example: cook, instructor, honorarium) provided to the Episcopal Diocese of Alaska?
Please Circle: Yes   No   If yes, we need your social security number:_____

SOURCE OF FUNDS: Identify the budget account from which funds are to be taken by number and name.

_____

_____   _____
Individual making request   Approval: Responsible Activity Chair or Staff

Accounting Office Use Only COMMENTS:_____

_____

_____

Distribution

Credit	Debit	Amount	Class	Memo

Revised 1/16/2020

CHECK REQUEST OR REIMBURSEMENT—GENERAL INFORMATION

This form is to be sued by individuals to request that a check be issued by the Episcopal Diocese of Alaska and by the Administrator to document approval to issue a check. This form along with paid receipts or other transaction documents will be used as a record to document the expenditure of diocesan funds. It may be used in association with travel, operating or other authorized expenses. This form may be used in conjunction with the Record of Expenses Form when necessary to document/list items that could not be listed on this form.

Form Preparation Instructions

Date: Enter the date the form is prepared.

Check Payable To: This space must be completed to include the full name and mailing address of the person making the expenditures and to whom the check is to be made out; to assure that the proper person is contacted should a question(s) arise concerning the entries on the form, and that proper accounts are credited.

Mail Check To: This space is to be used only when the check is to be mailed to an address other than that listed in the Check Payable To section.

Itemize Expenditures: Each expenditure associated with this request must be listed and each entry must have a receipt or narrative explanation as to why no receipt is available.

Date:	Enter the date of the expenditure.
Description:	Identify what was purchased. A short informative entry will suffice, e.g. Hotel, Book, Travel, etc.
Amount:	Enter the total amount of the expenditure, support the receipts
Total:	Enter the total of all expenditures. This will be the amount that the check will not exceed. When necessary for clarity, comments on expenditures may be entered in the description space.

Purpose: State reason for expenditures. Examples: Travel advance; Travel Reimbursement; Reimbursement of items necessary to support project or activity, etc.

Source of Funds: This space is to be used to enter the budget account to which this check is to be charged. This entry should include the Account Code number and title if known, or information that will permit the Administrator to assure proper credit is applied.

Individual making request: Enter the signature of the person preparing the form,

Approval: Enter the signature of teh individual authorized to approve expenditure of fund on account listed under Source of Funds section, if other than the individual making the request.

Accounting Office Use Only: This space may be used by the Administrator to make COMMENTS related to the expeditures for accounting clarity and the record the Distribution of the expenditures to the appropriate accounts.

Receipts submission guidance: When the receipts are small, several may be taped to a letter-size sheet of paper so they will not be lost. These sheets or receipts should be attached to the Request for Check form. The total of the Itemized Expenditures must be equal to the total of the attached receipts and explanations. The individual will be reimbursed in the amount that can be supported by receipts or approved explanations and that are appropriate. The following are examples of acceptable receipts and attachments:

*Original airline ticket "Passengers Receipt" or appropriate receipt if other than travel by commercial air. An invoice or itinerary will not be accepted.

*Original itemized bill and receipt of payment from the hotel. You will be reimbursed only at the group rate at the official hotel of a meeting or convention.

*Paid receipts (originals) for all other expenses, e.g. taxi, shuttle food, etc.

*There must be a receipt or explanation for each expense entry on the form.