

**Staple Receipts  
Here**

**2004 Olathe Community of Christ  
Request for Payment**

If you have an expense:

1. Complete the fields listed below.
2. Staple receipts to the top right corner
3. Place this form in the Expense Treasurer's Mailbox – behind the office door

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check to be made out to:** \_\_\_\_\_ **Same as Above**  
**OR**

\_\_\_\_\_

**Check here if the attached receipt will be followed by an invoice** \_\_\_\_\_

<b>Items Purchased</b>	<b>Reimbursement Amount</b>	<b>Category Account # (numbers listed on back)</b>
<b>Total Reimbursement Amount:</b>		

**Approved by:** \_\_\_\_\_

- **This expense needs to be approved by the person with account responsibility listed on the back**

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**Check #** \_\_\_\_\_ **Date Written:** \_\_\_\_\_ **Account Num**\_\_\_\_\_