

**PLEASANT STREET SEVENTH-DAY ADVENTIST CHURCH**  
**CHECK REQUEST/REIMBURSEMENT FORM**

**Date of Submission:** \_\_\_\_\_

Check Requested by: \_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

Please indicate:  Check Request (invoice attached)       Reimbursement Request (receipts attached)

Total Amount of Funds Requested: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Department to be Debited: \_\_\_\_\_

Department Approval: \_\_\_\_\_  
Leader Name (Print)

\_\_\_\_\_  
Leader Signature

Place completed form in the Treasurer mailbox located in the library or submit form online at [psdatreasury@gmail.com](mailto:psdatreasury@gmail.com). Checks will be distributed on the 2<sup>nd</sup> and 4<sup>th</sup> Sabbaths of each month.

**For Treasurer's Use Only**

**Amount Paid: \$** \_\_\_\_\_      **Check #:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Treasurer's Name:** \_\_\_\_\_  
Print