

# New Life WIM Ministries Check Request

Please attach all receipts to the back of this form and leave in treasurer's folder in the church office.

Date:

**Request for check to be cut**

Write check to: \_\_\_\_\_  
 Amount of Check: \$ \_\_\_\_\_  
 Describe Expense: \_\_\_\_\_  
 Program: \_\_\_\_\_

**Request for Reimbursement**

Write Check To	For Program	\$	Check #
<b>Total</b>		\$	

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_