

Wabash Conference

Check Request Form

In order to be paid, all expenses must be listed on this form with receipts stapled to the back, approved, and received within 10 days of the original receipt date or date of service/event in order to be reimbursed. (Use a different form for each payee.) This form may be mailed or faxed to 317-831-0023.

Check to be payable to: _____
 Address to be listed on check: _____
 City, State, Zip: _____

Check will be mailed to payee unless other instructions are given below

Please list each receipt separately.

Date of service/event	Event	Description/service	Amount
Wabash Conference, P.O. Box 40, Mooresville, IN 46158			TOTAL
			\$ -

Signature of person requesting check - Name printed & Daytime phone # w/area code _____ Date _____

E-mail address of person requesting check: _____

Authorized by Committee Chair - Name printed & Daytime phone # w/area code _____ Date _____

Account to charge (circle one):
 Children's Camp Family Camp
 Teen Camp Annual Conference
 Other: _____

Accounting Use: A/C # _____
