

Davis Community Church

REQUEST FOR DISBURSEMENT OR REIMBURSEMENT

Date:

Your Name:

Email Address:

Telephone:

Check to be made out to:

Mailing Address:

Payment Due Date:

Check Delivery Method: By Mail or Will Call

Ministry	Budget Line	Item *	Amount
Total Amount to be Paid:			

** Please attach all receipts and supporting documentation*

Authorized By (Must be a Ministry Chair or Ministry Staff Designee):

Submit to the Finance Minister via email: finance@dccpres.org
or at the office 412 C Street, Davis, CA 95616

FOR OFFICE USE ONLY	
Date Paid:	Check #