

**Faith Deliverance Worship Center**  
**Cash Advance /Reimbursement Form**

Ministry _____	Date Submitted _____
Funds Requested _____	Reimbursement for Amount Spent _____ (please check one)

Description Of Itemized Expenses \_\_\_\_\_ Amount \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Total \_\_\_\_\_

Less Amount Advanced (Reimbursement Only) \_\_\_\_\_

Total Amount Requested/Net Amount Reimbursed \_\_\_\_\_

Vendor Name: (cash advance only) \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Approvals:

\_\_\_\_\_ Date: \_\_\_\_\_

Department Director

\_\_\_\_\_ Date: \_\_\_\_\_

Chief Financial Officer

Date Paid: _____	Amount: _____	Check No. _____
<b>Office Use Only</b>		

