



Dove of the Desert United Methodist Church

Reimbursement / Payment Request						
Circle one:		Direct Deposit		Check Request		
Name:						
Make Payment to: (if different) Name:						
Address:						
Email Address:			Phone:			
Department/Committee/Group:						
Purpose of Expense:						
Purchase or Invoice Date	Description	Vendor	Budget Line Item	Designated Funds Account	Total	
Incomplete request may delay your payment					Total Due	
Signature					Date	
Approved by					Date	
Invoice or receipt must be attached to this form. Form must be signed by the person who oversees the budget impacted by this request. Please put in Treasurer's folder or email to: Treasurer@doveofthedesert.com						