

## Detail of Receipts for Reimbursements or Advanced Checks

(A W-9 form must be completed by every individual who receives an Advance Check from the church)

(Please file this form and the attached receipts with the church's Paid-Out Vouchers)

Church:

| Detail of Receipts    |                |                               |        |
|-----------------------|----------------|-------------------------------|--------|
| Date                  | Vendor or Item | Account or Description of Exp | Amount |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
|                       |                |                               |        |
| <b>Total Receipts</b> |                |                               |        |

**USE THIS SECTION ONLY FOR REIMBURSEMENTS**

Reimbursement Requested by: \_\_\_\_\_

Reimbursement Approved by: \_\_\_\_\_

Reimbursement Check # \_\_\_\_\_

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

**USE THIS SECTION ONLY FOR ADVANCE CHECKS**

Detail for Funds Advanced with Ck # \_\_\_\_\_

|   |  |  |
|---|--|--|
| Total Advance Check                       |  |  |
| Minus: Total Receipts (amount from above) |  |  |
| Funds Returned or (Amount Overspent*)     |  |  |

\*Ck # \_\_\_\_\_ for funds overspent (if applicable)

This Section Completed by: \_\_\_\_\_

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