Check Reimbursement Request Form

Date: Check # Ref#

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice  Date | Description | | Amount | Center/Dist.  Mission Code | | Budget Code | Assets | |
| Yes | No |
|  |  | |  | □ 宣教Mission Programs  □ 產業管理Property Management  □ 管理部 Operations Dept  □ 教牧Pastoral Team  □ 影音團隊AVL Team  □ 敬拜團Worship Team  □ 兒童 Kingdom Kids  □ 創意媒體Creative Team  □ 家庭事工Family Ministry  □ 青少年Youth Group  □ 牧養處Pastoral Care Division  □ 保安&交通Security &Traffic Team  □ 生命培訓學院BLBI  □ 裝備中心Equipping Center  □ 旗舞隊Flag Dance Team  □ 代禱團Prayer Team  □ 聚會事工Service Ministry  □ 號角隊 Shofar Team  □ 愛鄰舍City Light  □ Ross 2  □ 其他Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
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| Project /Building/Event name： | | | |  |  |  |
| Total: | | | | | | | | |
| Check Payable To: (One Name Per Form)  Name:  Address:  Phone#: | | | | | | | | |
| Executive Board | | Admission (部門負責人) | | | Request Name (Please Print) | | | |
|  | |  | | |  | | | |
| Date: | | Date: | | | Date: | | | |
| Special Instruction: | | | | | | | | |

1. Attach original receipts with the Form and fill it out completely.

2. Please contact church (Bread of Life Christian Church in Los Angeles) office at (626) 912-5838 for any question. Rev. by 08/2025