Check Reimbursement Request Form

Date: Check # Ref#

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| InvoiceDate | 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