

Bread of Life Christian Church

Check Reimbursement Request Form

Date:

Check #

Ref#

Invoice Date	Description	Amount	Center/Dist. Mission Code	Budget Code	Assets	
					Yes	No
			<input type="checkbox"/> 宣教 Mission Programs <input type="checkbox"/> 產業管理 Property Management <input type="checkbox"/> 管理部 Operations Dept <input type="checkbox"/> 教牧 Pastoral Team			
			<input type="checkbox"/> 影音團隊 AVL Team <input type="checkbox"/> 敬拜團 Worship Team <input type="checkbox"/> 兒童 Kingdom Kids			
			<input type="checkbox"/> 創意媒體 Creative Team <input type="checkbox"/> 家庭事工 Family Ministry <input type="checkbox"/> 青少年 Youth Group			
			<input type="checkbox"/> 牧養處 Pastoral Care Division <input type="checkbox"/> 保安&交通 Security &Traffic Team <input type="checkbox"/> 生命培訓學院 BLBI			
			<input type="checkbox"/> 裝備中心 Equipping Center <input type="checkbox"/> 旗舞隊 Flag Dance Team <input type="checkbox"/> 代禱團 Prayer Team			
			<input type="checkbox"/> 聚會事工 Service Ministry <input type="checkbox"/> 號角隊 Shofar Team <input type="checkbox"/> 愛鄰舍 City Light <input type="checkbox"/> Ross 2 <input type="checkbox"/> 其他 Other _____			
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:						
<input type="checkbox"/> Check box for mail out						

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 12/2025