

**Alliance United Methodist Church**  
**NO RECEIPT REIMBURSEMENT / PAYMENT**  
**REQUEST & APPROVAL FORM**  
(Without Supporting Receipt/Invoice)

The following information and signatures of approval provide the supporting documentation for disbursement of funds for payment/reimbursement. This form is to be used ONLY in the case that a receipt/invoice is not available.

**Today's Date:** \_\_\_\_\_

Amount of Purchase: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

\_\_\_\_\_

Disbursement Account/Fund: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Mail Check? (circle one)                      YES                      NO

**Signatures:**

\_\_\_\_\_  
Individual submitting request for reimbursement

\_\_\_\_\_  
Approved by Treasurer / Finance Committee Chair

~ Please allow 10 business days to process. ~