# River Valley Church Payment/Check Request

**405 NE 6th Street, Grants Pass, OR 97526**
**(541) 476-7761 / Fax (541) 479-5547**

_____ ____ / ____ / ____
Submitted By Date

Make check payable to: _____

Address: _____

**Purchase Information (Attach receipts)**
Note: Lost receipts require RVC Lost Receipt Form

From: _____
(Name of business or individual)

| Purchased by: | Billed by: |
|---|---|
| ☐ Phone/Fax | ☐ Church VISA charge card |
| ☐ Internet | ☐ Company will send a bill |
| ☐ Local | ☐ Store charge card |
| ☐ Reimbursement | ☐ Personal charge card |
| | ☐ Store receipt |

**Approval Required**

Ministry Approval: _____

| Account # | Description of item(s) | Amount |
|---|---|---|
| ___.___. _____. _____ | _____ | $_____.___ |
| ___.___. _____. _____ | _____ | $_____.___ |
| ___.___. _____. _____ | _____ | $_____.___ |
| ___.___. _____. _____ | _____ | $_____.___ |
| ___.___. _____. _____ | _____ | $_____.___ |
| | **Total** | **$** |

**FOR YOUR RECORDS - Make a copy of the completed form & receipts prior to submitting.**

**Employee Expense Reimbursements Require:** Date, time, amount, item, business purpose (Note: In addition, any meal expenditure requires - place & names of those in attendance.)