

Reimbursement Form

Ministry Event (if applicable): _____

TO BE FILLED OUT BY Person Requesting Reimbursement

Name: _____

Address: _____

Phone: _____ Email: _____

Please list purchases below and ATTACH ALL receipts. Receipts must include name of store, date of purchase, total amount paid, item(s) purchased. Then, submit this form with receipts to the finance department within 30 days.

Payee	Date	Amount	Expense/ Purpose (if a meal, include names)
Total:			

I verify that all listed expenses are church business related.

Signature : _____ Date: _____

TO BE FILLED OUT BY Ministry Department: Complete this section and submit form to the Finance Dept.

Date Received	
Approved Amount	
Account #	

Ministry Dept Signature: _____

FOR USE BY Finance Department

Check Amount	
Check Number	
Date of Check	