

REIMBURSEMENT REQUEST FORM

REQUESTED BY:

DATE:

REASON FOR REQUEST:

INDIVIDUAL (APPROVER) REQUIRED TO APPROVE THIS REQUEST:

Choose only one.

FOR CHURCH STAFF USE ONLY

Approver's Name:

Approved

Denied

Signature

DATE

APPROVER: Please submit this signed form and all original receipts to Finance for processing. Thank you!

REIMBURSEMENT TYPE

CHECK

DONATION IN KIND

ITEM(S) PURCHASED / SERVICE(S) PROVIDED

Up to 5 original receipts may be submitted per form

Account To Be Charged

Account No.
(if known)

Amount

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED:

INSTRUCTIONS FOR USE:

This form can be completed online and then printed OR printed blank.

Complete all form fields and then print. Submit completed form AND the original receipts to the individual chosen above for approval. Once approved, the request will be forwarded to the Finance Department for processing.

Approvals are required for all reimbursement requests.

IF REQUESTING A CHECK

METHOD OF RECEIPT

MAIL

PICK UP

CHECK PAYABLE TO:

Name

Address Line 1

Address Line 2

City

State

Zip Code