



REIMBURSEMENT OF FUNDS

Note: Receipts matching the reimbursement request amount is required before reimbursement will be given.
 ***** TO BE COMPLETED BY REQUESTER *****

1. Make check payable to: _____

2. Contact's Telephone No.: _____

Reimbursement Expense (Amount) Related to:

4. Automobile (Gas or Repairs) _____

5. Office supplies/postage _____

6. Office equipment/computer software _____

7. Books/subscriptions/periodicals _____

8. Travel fares/lodging/meals _____

9. Miscellaneous (must explain in description field below) _____

10. Description: _____

Total check amount _____

12. Signature of Department Head: _____ Date: _____

***** TO BE COMPLETED BY THE ADMINISTRATIVE DEPARTMENT *****

Approved:

Denied:

Signature of Pastor/Treasurer

Date Received: _____

Date Completed: _____

Signature of Financial Office Representative

Check Number: _____ Check Issuance Date: _____

Check picked-up by: _____ Date: _____

Finance Office Representative: _____ Date: _____