

Reimbursement Request

My Name: _____
 Made out to (if different than above) _____
 Address: _____

<u>Delivery Method</u>
<i>Please Circle</i>
Mail out (include address) or Pick up at Church Box _____
Date Check Needed by: _____

The Request

- Reimbursement for a purchase already made
Receipts attached to back of form
or
- Permission to use budgeted funds
 Notes regarding purchase arrangements attached

The Details

Please fill in the following details and return to the church office with the appropriate signatures.

Date	Description of Purchase	Budget line(s)	Total

Subtotal _____
Less Advance _____
Total Request _____

Approval Received From _____

If you don't know who should sign your form, call the church office to ask.

Transportation Costs (mileage and gas) are currently reimbursed at the rate of 58.5 cents per mile. This rate is subject to change.