

# 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.