

# Reimbursement Request



From: \_\_\_\_\_ (print your name here)

Date: \_\_\_\_\_ (print today's date)

Event Name: \_\_\_\_\_ (if applicable)

Make check payable to: \_\_\_\_\_  
 (print name & address if reimbursing someone else)

Please reimburse for the purchases listed below.

ITEM	COST	PURCHASE DATE	COMPANY PURCHASED FROM	BUDGET ITEM # TO BE CHARGED TO
<u>Example-</u> food items for luncheon <i>(no need to list each item purchased unless charged to different budget items)</i>	\$57.00	3/16/14	Giant	Sunday School
<b>TOTAL TO BE REIMBURSED</b>				

If more room is needed, please use back of sheet. Attach all receipts.

**Place completed form in church administrator's mailbox.** Thank you.