Reimbursement Form

Reimbursement Form

Date:		Date:		
Reimburse to (who check should be payable	e to):	Reimburse to (who check should be payable to)):	
Amount to be reimbursed:		Amount to be reimbursed:		
Ministry Team:		Ministry Team:		
Church Account Number:		Church Account Number:		
Item(s) Purchased and Reason for Purchase:		Item(s) Purchased and Reason for Purchase:	Item(s) Purchased and Reason for Purchase:	
Please attach receipt(s).		Please attach receipt(s).		
Signature of Purchaser	Date	Signature of Purchaser	Date	
Signature of Team Chair, Treasurer, or Past	or Date	Signature of Team Chair, Treasurer, or Pastor	Date	