

Toulminville-Warren-Street United Methodist Church

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e-mail denice@twsumc.org website: www.twsumc.org

Jennifer Lusher, Pastor

Request Purchase/Reimbursement/Honorarium

Date of Request/Reimbursement: _____

Requested By: _____

(Please include mailing address for initial request/reimbursement, to be entered into the computer system.)

Update when needed _____

Address Needed only once!!! _____

Issued To: _____ Check No. _____

(For Office Use Only)

For: _____ Purchase _____ Reimbursement _____ Honorarium

Purchase Item(s)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total + Tax \$ _____

QUANTITY _____ (Bill, Statement, Voucher, Receipt must be attached)

COST PER ITEM \$ _____ (For Office Use Only) Amount Issued \$ _____

(For Office Use Only) Amount Spent \$ _____

(For Office Use Only) Amount Returned \$ _____

Reason for Purchase/Reimbursement:

-----*For Office Use Only*-----

Line Item: _____ Account: _____

Work Area Coordinator's Authorization: _____ Date: _____

Jennifer Lusher, Interim Pastor _____ (initials) Date _____

James A. Childs, Finance Committee Chairman _____ (initials) Date _____

Monitoring Team (Barbara Vaughan, Adrian Lang, Geneva Hogan) _____ (initials) Date _____

Not Reimbursable if not submitted within thirty (30) days.