

# Toulminville-Warren-Street United Methodist Church

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**Jenn Lusher, Interim 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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total + Tax</b>	<b>\$ _____</b>

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: \_\_\_\_\_

Jenn 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.**