



**CLAIM FOR REIMBURSEMENT**

Pay to: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mail to Above Address

Date Check is Needed: \_\_\_\_\_ or  ASAP

Put in box in church office.

Purpose Group: \_\_\_\_\_ Ministry Team: \_\_\_\_\_

Ministry Leader Approval signature: \_\_\_\_\_ Print Name : \_\_\_\_\_

Account Number	Date Purchased	Vendor	Description	Amount
			<b>Total</b>	

**ATTACH RECEIPTS FOR ALL EXPENDITURES**

<b>Account Number</b>	<b>Date Purchased</b>	<b>Vendor</b>	<b>Description</b>	<b>Amount</b>
			<b>Total Page 2</b>	
			<b>Total Page 1</b>	
			<b>Total Page 1 &amp; 2</b>	

Reviewed by Treasurer \_\_\_\_\_

Paid by/reviewed by / Date. \_\_\_\_\_