

Reimbursement Application

Your Name: _____

Today's Date: _____

Amount of Purchase: _____
(Please Attach Receipt)

Explanation of request/purchase:

Charge to the account of:

Are we being reimbursed for this? Yes / No

If yes, by whom? _____

Is this a general budget item? Yes / No

Is this a ministry item? Yes / No

Signature of Committee Chair:

Check should be made payable to:

Name: _____

Address: _____

Phone: _____