

# REIMBURSEMENT FORM

Please be sure to have the proper approval from the appropriate committee chair before placing in the treasurer's box in the church office. All bill(s) and/or receipts should be attached to this form.

**Please CIRCLE the appropriate committee or fund to be charged.**

Pastor	
Continuing Education	Reimbursables

Youth Director Continuing Education  Music Director Continuing Education
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CE Budget	VBS	Deacons Budget	Deacons Mission	Fellowship
Membership	Mission Interpretation	Nominating	Office	Property
Postage	Session	Stewardship	Worship	Worship-Music
Youth Activity	Youth Mission Trip			
Designated Purpose/Benevolence Fund (name) _____				

Check Payable to \_\_\_\_\_ Amount \_\_\_\_\_

Address (if check is to be mailed) \_\_\_\_\_  
 \_\_\_\_\_

Reason for payment \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_