

## REIMBURSEMENT REQUEST

Date \_\_\_\_\_

<u>Items Purchased/Vendor</u>	<u>Charge To/Ministry</u>	<u>Amount</u>

TOTAL AMOUNT OF REIMBURSEMENT \$ \_\_\_\_\_ \*

Make checks payable to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Sales tax will not be reimbursed**  
**\*\* Please staple all receipts to BACK of this form and submit to the finance office.**