



Reimbursement Request Form

Date Submitted: _____

Requested By: _____

Christian Education Fund

Youth Ministry Fund

DATE	ITEM DESCRIPTION/PURPOSE	AMT
TOTAL AMOUNT:		

Legible copy of itemized receipt(s) or invoice(s) attached

Route check to requestor via inter-church mail

Use alternate instructions provided below

Check Payable To: _____

Mail to Address: _____

Please Submit Form to Church Office

Check #	
Date	
Account	
Amount	