

# Expense Reimbursement Form

Today's Date: \_\_\_\_\_

Purchases over \$100.00 must be approved by Ministry Team Leader before reimbursement will be made. Reimbursements checks will be issued on the 1st and 15th of each month. Requests must be made 5 days prior to reimbursement date. **(Receipts/Invoices must be attached to this form to receive reimbursement)**

**Date of Purchase:** \_\_\_\_\_ **Ministry Team Leader:** \_\_\_\_\_

**Requested Reimbursement Amount:** \$ \_\_\_\_\_

**Name of whom reimbursement goes to:** \_\_\_\_\_

What is the reason for the expense:	Ministry Supported (Annotate total amount for each appropriate ministry)
_____	Children's Church \$ _____
_____	Connections \$ _____
_____	Hospitality \$ _____
_____	Leadership Devel \$ _____
_____	Building Maint \$ _____
_____	Missions \$ _____
_____	Nursery \$ _____
_____	Office Supplies \$ _____
_____	Outreach \$ _____
_____	Pastoral \$ _____
_____	Pulpit Supplies \$ _____
_____	Sunday School \$ _____
_____	Worship \$ _____
_____	Youth \$ _____
Signature: _____	Other (Explain) \$ _____
Ministry Leader Approval: _____	_____
Treasurer Approval: _____	_____
Date Reimbursed: _____	_____