



Reimbursement Request

Note: All reimbursement requests should be verbally approved by a pastor *before* the purchase is made.

Today's Date: _____

General Information

Name: _____

Address (if not in church database): _____

Account/s and Reimbursement amount/s (attach all receipts to this form)

Vendor: _____

Description of Purchase: _____ Amount: _____

Vendor: _____

Description of Purchase: _____ Amount: _____

Vendor: _____

Description of Purchase: _____ Amount: _____

use an additional form for additional vendors

TOTAL REIMBURSEMENT: _____

I attest that all reimbursed expenses were for items or services that were used exclusively for Grace Fellowship and the ministries therein.

Requester Signature: _____

Pastor Signature (other than the requester): _____

*****FOR OFFICE AND SIGNER USE ONLY*****

Check written by (initial): _____ Check Number: _____ Date: _____