

Reimbursement Form

NO:

FILE:

This form is used when a person is seeking reimbursement and has a receipt for all purchases. Please complete this form in its entirety.

YOU MUST BE A DIRECTOR OF THE DEPARTMENT/MINISTRY TO REQUEST REIMBURSEMENT.

Today's Date: ____/____/____ Your Name & Ministry/Department: _____

For what purpose was items/services purchased? _____

Where were the items/services purchased? _____

How were the items purchased? Personal Check Cash Personal Credit Card

Please list below all items purchased:
Attach all receipts to this form.

_____	_____
_____	_____
_____	_____

Where will the item(s) be stored (if tangible)? _____

Total to Reimburse: \$ _____

Payable to: _____

Payee Address: _____

Payee City: _____ Payee State/ZIP: _____

I promise that the items (or services) were purchased to be used exclusively for Trinity Baptist Church and the payee purchased all items.

Further, I promise to keep all items in as good condition as possible at Trinity Baptist Church or at an approved location (if applicable).

Departmental
Director's Signature: _____

Print Name: _____

Date: _____ **Daytime Phone:** _____

Church Office Use Only

Funding Acct _____

Receipts Verified _____ Funds Approved _____