

Far West End SDA Church Reimbursement Form

Person to be reimbursed:	
Date Submitted:	
FWE Church Account	

Receipt #	Receipt Date	Store Name	Item	Amount from Receipt to be Reimbursed	#
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
Total Reimbursement Check					

- Attach all receipts to Reimbursement Form
- All items on the receipt should be for reimbursement. (Please do not include non-reimbursement items on receipts that have to be subtracted off)
- Please do not hold receipts for reimbursement longer than 30 days.
- Please write the name of the church account the funds are to be reimbursed from. If you are not sure of the name of the account, ask the Ministry Leader you are spending the money for, to give you the account name.
- If you have receipts for more than one church account, please use a separate form for each account.

Ministry leader signature: _____ date: _____

Please print name: _____