

WENDELL UNITED METHODIST CHURCH

REIMBURSEMENT REQUEST

Name: _____ Date _____

Address: _____

Zip _____

Phone: _____ e-mail _____

COMMITTEE/DEPARTMENT

Receipts and/or invoices are required for all payment requests.

Check Committee/Department box that most closely relates to expenditure.

<input type="checkbox"/>	Congregational Care	<input type="checkbox"/>	Bus Operating Expense
<input type="checkbox"/>	Adult education	<input type="checkbox"/>	Church Maintenance
<input type="checkbox"/>	Audio visual	<input type="checkbox"/>	Youth
<input type="checkbox"/>	Children's Education	<input type="checkbox"/>	Parsonage Maintenance
<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	Office Supplies
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Kitchen Supplies
<input type="checkbox"/>	Music	<input type="checkbox"/>	Missions & Outreach
<input type="checkbox"/>	SPRC	<input type="checkbox"/>	
<input type="checkbox"/>	Stewardship	<input type="checkbox"/>	Other
<input type="checkbox"/>	Worship		

Please provide brief explanation for expenditure; i.e. Bus Operating Expense: 15 gal. of gas for youth trip to Camp Church in Dellwen, NC. _____

Total Amount of Request: _____

Signature _____ Date _____

Committee/Department Approval:

Name (Print) _____ Date _____

Signature _____ Title _____

NOTE: Do not submit until form has all signatures.

Treasurer's Use Only

Check# _____ Date _____