



Expense Reimbursement/Verification Form

Use this form if you have charged items to church accounts or if you have purchased items with your own money and need reimbursement. Designate the amount spent, and the budget line item to which it should be charged. Place this completed form in the Church Treasurer's box. Reimbursements are paid once per month, after the first of the month. Please attach appropriate bills, statements, invoices, receipts, etc.

Reimbursements cannot be made without them.

Please Check only one:

- This is for items I have charged to church accounts
- This is for items I have purchased with my own money and need reimbursement to _____

Spent	Budget Line Item	Description or Account (if any)
<i>Example:</i>		
\$200	Supplies	Costco
\$ _____	Adult Ministry	_____
\$ _____	Benevolent Fund	_____
\$ _____	Building Maintenance	_____
\$ _____	Children's Team	_____
\$ _____	Coffee Team	_____
\$ _____	Conventions / Seminars	_____
\$ _____	Deaconesses	_____
\$ _____	Deacons	_____
\$ _____	Equipment	_____
\$ _____	Food Pantry	_____
\$ _____	Guest Ministry	_____
\$ _____	Men's Ministry	_____
\$ _____	Ministry Resources	_____
\$ _____	Missions	_____
\$ _____	Music/Worship	_____
\$ _____	Office Expenses	_____
\$ _____	Operation Christmas Child	_____
\$ _____	Outreach/CAC	_____
\$ _____	Prayer	_____
\$ _____	Safety Team	_____
\$ _____	Special Events	_____
\$ _____	Supplies	_____
\$ _____	Short-Term Missions Trips	_____
\$ _____	Women's Ministry	_____
\$ _____	Worship Enhancement	_____
\$ _____	Other/Misc. (please describe)	_____
\$ _____	Total	

Name of person submitting this form _____ Date _____