



Reimbursement Form

Payee Information

Name to appear on check: _____

Address: _____

City: _____ State: _____ Zip: _____

Payee Signature: _____

Justification & Delivery

Reason for Expense: _____

Check Disbursement Instructions *(Please mark your preference)*

_____ US Mail _____ Pick Up _____ Mail with Enclosures

Funding Source/Account to be charged & amount

(Please enter amounts on applicable line below.)

_____ Mileage Expense	_____ Pianists
_____ Men's Ministry	_____ Kitchen Supply
_____ Women's Ministry	_____ Janitorial Supply
_____ Adult Education	_____ Computer/Network
_____ Children's Education/Ministry	_____ Comp. Rep. & Maint.
_____ Nursery Ministry	_____ Flowers
_____ Youth Ministry (Sr. High)	_____ Vacation Bible School
_____ Jr. High Youth Ministry	_____ Free English Salisbury (ESL)
_____ Guest Services	_____ Bldg. Repair & Maintenance
_____ Equipment/Furniture	_____ Supplies

Total Expense: \$ _____