

REIMBURSEMENT FORM

Date: _____

PAY TO: _____ **TOTAL AMOUNT:** _____

1. Item(s): _____ Item Total: _____

Purchased for: _____

Charge to Account **(required)**: _____ Account # **(required)**: _____

2. Item(s): _____ Item Total: _____

Purchased for: _____

Charge to Account **(required)**: _____ Account # **(required)**: _____

3. Item(s): _____ Item Total: _____

Purchased for: _____

Charge to Account **(required)**: _____ Account # **(required)**: _____

4. Item(s): _____ Item Total: _____

Purchased for: _____

Charge to Account **(required)**: _____ Account # **(required)**: _____

APPROVED BY COMMITTEE HEAD (signature required): _____

MAILING ADDRESS WHERE CHECK IS TO BE SENT (required):

Please submit the request for payment to the office **AFTER** you have all of the required account information and Committee Head approval. **For items not in your committee's budget, you must have prior approval of the Diaconate before spending money.** Otherwise, your request for payment may not be approved.

Attach receipts, paid bills, and paid invoices to this form with a paperclip (DO NOT STAPLE!) so they are ready to be removed and scanned. If attachments, such as cash register receipts, are not on an 8 ½ x 11" paper, please attach the receipts to 8 ½ x 11" paper so that they can be copied and scanned.

If it's necessary to charge anything to Calvary Presbyterian Church, be sure to sign your name to the charge ticket.