



Reimbursement Request Form

Name: _____

Date: ____/____/____

Total: \$ _____

Break-down by Expense Category

Property

____ Building Maintenance/Repair \$ _____

____ Landscape \$ _____

____ Custodial Supplies \$ _____

Office

____ Office Supplies \$ _____

____ Postage \$ _____

____ Printing \$ _____

Education

____ Adult Education \$ _____

____ Sunday School \$ _____

____ Confirmation \$ _____

____ Vacation Bible School \$ _____

____ General Education \$ _____

Church Life

____ Fellowship Events \$ _____

____ Seasonal Decorating \$ _____

____ Special Events
(Funerals, Receptions, Etc) \$ _____

Other: (Short description, please)

_____ \$ _____

Salary & Benefits

____ Auto Expense \$ _____

____ Continuing Education \$ _____

____ Professional Expense
(Conferences, Books, Etc) \$ _____

Stewardship

____ Stewardship Materials \$ _____

____ Evangelism \$ _____

Worship

____ Worship Supplies \$ _____

____ Music \$ _____

____ Other \$ _____

Youth

____ Programing/Events \$ _____

____ Scholarships \$ _____

Outreach

____ Advertising \$ _____

____ Supplies/Materials \$ _____

For Office Use Only:

Date Reimbursed: _____

Check Number _____

Please fill out this form, attach receipts and leave in Jennifer Topf's mail box in the office, you may also scan and email this form and the receipts to:
treasurernllc@gmail.com