



*Please return this form to the Treasurer, along with copies of receipts for payment. Payments may take several days to process. Reimbursement checks will be mailed or can be picked up after notification of completion.*

**Information for Individual/Business to be reimbursed:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone \_\_\_\_\_

**Information on reimbursable expenses (please attach receipts)**

Date of Expense	Payee	Budget area to be charged	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Net			_____

Team Member or Church Officer Signature

\_\_\_\_\_ Date \_\_\_\_\_