



REQUEST FOR PAYMENT OR REIMBURSEMENT

Name and Address of Person To Be Paid [please print]:

Itemization of Expenses

Date Expense Incurred or Payment Due	Vendor/Description	Department/ Team	Mileage	Purpose	Amount
				TOTAL	\$

- This is a request for reimbursement.
- This is a request for direct payment to a vender or third-party.
- This is an In-Kind Contribution

Please attach receipts or invoice to back of form and email to _____.

I certify that the above expenses were incurred for valid church reasons.

Signature: _____

Printed Name: _____

[if different from person paid]

Date Submitted: _____

Approval Signature: _____

Date: _____