

## Request for Reimbursement

Date: \_\_\_\_\_ Total Cost \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Team/Task Force to Bill: \_\_\_\_\_

Make Payment to: \_\_\_\_\_

To receive your check, select the from the Fellowship Mailbox options below, or provide your address:

Minister                       Operations Manager                       Music Director  
 Asst. Minister                       RE Associate                       Business Manager

Board Box (Director Name) \_\_\_\_\_

Other \_\_\_\_\_

Mail Check to (please write legibly):

Street/Apt. \_\_\_\_\_

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

Authorized by: \_\_\_\_\_

***Please attach a receipt to this request and place in Business Manager Mailbox.***



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