

Reimbursement Request



The Reimbursement Request must have a copy of the approved Expenditure Request attached, along with receipts for the money that was spent. Our desire is to do well to steward the offerings that people have given to God. Our forms help us to plan how that money will be used; therefore, we cannot reimburse funds for expenditures that have not been approved. Thank you for cooperating with our procedures to help maintain accountability to God, our government, and each other.

Today's Date / /	Expenditure # (From approved Expenditure Request form)	Check #	Check Amount
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Your Name

Your Relationship to Grow Churches

Address

City	State	Zip
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Email Address

Home Phone	Other Phone
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Date of Purchase / /	Name of Vendor
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Detailed description of how the funds were used

Please complete information for the person or company to whom the check is to be written:

Payee

Address

City	State	Zip
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Amount Requested (Attach receipts)	<input type="checkbox"/> Please do not mail. I will pick up the check at the church office.
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Notes:

x _____	X _____
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Your Signature	Signature of Financial Administrator
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If you have any questions regarding this form, please contact the church office.