Crowley SDA Church

Request for Reimbursement of Expenses

Date of Purchase	Vendor	Amount	**Account to be charged**

Total $ _____

This form must accompany all requests for reimbursement of church expenses. Please attach receipts and submit to your Ministries Leader for approval. Forward to church treasurer for reimbursement.

_____ _____ _____

Printed Name Signature Date

Mail Check to: _____

_____

Phone # _____

Approved by _____