

BETHESDA LUTHERAN CHURCH REQUEST FOR REIMBURSEMENT

PLEASE COMPLETE AND SUBMIT THIS FORM TO CHURCH TREASURER TO RECEIVE REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES RELATED TO APPROVED CHURCH ACTIVITIES/EVENTS. **A RECEIPT MUST ACCOMPANY THIS FORM OTHERWISE THERE WILL BE NO REIMBURSEMENT.**

NAME OF ACTIVITY/EVENT _____

REQUESTING REIMBURSEMENT OF \$ _____

PAYABLE

TO _____ ADDRESS _____

PLEASE PROVIDE DESCRIPTION OF EXPENSES INCURRED AND BUDGET ACCOUNT NUMBER

DATE: _____