



# Big Bethel AME Church

## Reimbursement Request Form

Date \_\_\_\_\_

Name of Requester \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

*Check should be made out to:* \_\_\_\_\_

*Total Amount of Reimbursement \$* \_\_\_\_\_ *Receipts attached:* \_\_\_\_ Yes \_\_\_\_ No

*Check needed by:* \_\_\_\_\_

Ministry/Organization you are representing: \_\_\_\_\_

Briefly outline what the funds were used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check should be: \_\_\_\_ Picked up or \_\_\_\_ Mail *Mail to:* \_\_\_\_\_

\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

\_\_\_\_\_

### ===== *FOR OFFICE USE* =====

Date received by CA: \_\_\_\_\_ Approval signature(s) as needed: \_\_\_\_\_

*Signature-Church Administrator*

*Funds taken from* \_\_\_\_\_ *account.*

*Comments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_