



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: _____
