

**Reimbursement Form**

Name: \_\_\_\_\_

Department: circle one: Praise/Media, Children's Ministry, College, Worship, Admin, Missions/Outreach,  
Misc, Other: \_\_\_\_\_

Purpose: \_\_\_\_\_

Amt: \_\_\_\_\_ Date: \_\_\_\_\_

Signature approval from leader of department associated with purchase: \_\_\_\_\_

Finance Committee signature#1: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Committee signature#2: \_\_\_\_\_ Date: \_\_\_\_\_

Your reimbursement check will be available within \_\_\_\_\_. Thank you for serving Him!

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