

Christ the Servant Lutheran Church

Reimbursement Form

Treasurer's use only

Account coding: _____

Other information: _____

Date: _____

Description (What was purchased?):

Who should be reimbursed?

Payee: _____

Phone: _____

[]

New
Address

Address: _____

City, Zip: _____

- Please mail check to me
- I will pick up my check in the church office

Please allow 10-14 days for reimbursement after you put the SIGNED form in the bookkeeper's drawer.

Please attach all receipts, invoices and packing slips related to the request.



You can't be reimbursed until you get a signature from one of the people listed below!

If you are authorizing this reimbursement, specify the account(s) funds should be taken from.
(Also, you cannot authorize reimbursements to yourself.)



- Ministry team chair
- Council rep to the ministry team
- Council president

signature date

signature date

signature date

- Expense Amount \$ _____
- Designated
- Expense Amount \$ _____
- Designated