

Christ the Servant Lutheran Church

Personal Reimbursement Form

Treasurer's Use Only

Account Coding _____

Other Information _____

Date: _____

Description: _____

Who Should Be Paid?

Payee _____

Please mail check to me.

Address _____

I will pick up the check
in the church office.

New
Address

City, Zip _____

Phone _____

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

Requests will not be paid until authorized. Allow 10-14 days for payment to be processed.

Must Be Authorized By One Person Below

If you are authorizing this payment, specify the account(s) funds should be taken from.
You cannot authorize payments to yourself.

Expense

Dedicated Amount \$ _____

_____ Fund

Expense

Dedicated Amount \$ _____

_____ Fund

Date _____

President Signature

Ministry Chair Signature

Ministry Council Rep Signature

President Printed Name

Ministry Chair Printed Name

Ministry Council Rep Printed Name

Return Authorized form to Bookkeeper's Drawer