

STAPLE RECEIPTS
HERE

Reimbursement Form (Check)

State College Evangelical Free Church

Date: _____ Amount of Reimbursement \$ _____

Make check payable to _____

(name of recipient)

Place check in my mailbox

Mail check to this address: _____

Description of Expense: _____

Budget category/Line item

Dollar Amount

Ministry Leader Signature

Total:

I certify that the expenditure of the above amount was made on the church's behalf, that the item(s)

was received as ordered, and that the person in charge of monitoring this budget category authorized

this purchase.

Office Use Only

Your signature: _____

Check #

Date