

**Alliance United Methodist Church
EXPENSE REIMBURSEMENT REQUEST FORM**

Name / Check

Payable to: _____

Date _____

Address: _____

Mail: YES or NO

Summary of Expenditure(s) -- Receipts (OR copies of) MUST Be Attached

CODING	DESCRIPTION (please be specific)	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Reimbursement \$

I request reimbursement for the above expenses incurred on behalf of the ministry of Alliance United Methodist Church. These expenses have receipts attached and were approved prior to incurring the expense.

*****All expenditures over \$200 must also be approved by the Church Treasurer.**

Signature of Requestor

Date

~ Please allow 10 Business days to process. ~

<p>For Office Use Only:</p> <p>Charge to: _____</p> <p>Approved by: _____</p>
