

**REIMBURSEMENT REQUEST FORM**

Lowery Creek Baptist Church

#LCBC-FM-FIN8

Revision 2.0 Date 7/30/2016

***REIMBURSEMENT REQUEST FORM***

<b>Submitter's Name</b>		<b>Date</b>	
<b>Vendor Name</b>		<b>Invoice/Receipt #</b>	
<b>Vendor Address</b>		<b>City/State/Zip</b>	
<b>Total Invoice / Receipt Amount</b>		<b>Amount Requested for Reimbursement/Payment</b>	

**Expense Category**

Paid  Individual Invoiced  Church Invoiced

**Budget Category**

- Auto-Church Van  Children's Activities  Children's Ministry  Flowers  Literature  Live Nativity  
 Music Supplies  Property Maintenance  Senior Member Activities  
 Supplies (Church or Ministry Support)  Supplies Cleaning  Supplies Kitchen  
 Supplies Office  Vacation Bible School  Youth Activities  Other \_\_\_\_\_

**DESCRIBE ITEM AND PURPOSE:**

**Make Reimbursement Payable To:**

- \*This form must be completed and signed by the person submitting reimbursement request.
- \*The chairman of the committee that the expense is being charged against must approve the expense prior to reimbursement of the expense.
- \*All receipts must be signed and attached to this form at the time of submittal for reimbursement.
- \*Reimbursements must meet all the requirements set by the current church year budget prior to payment unless approved by church vote.

**APPROVAL'S**

	<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Submitted By</b>			
<b>Committee Chairman</b>			
<b>Church Treasurer</b>			

<b>Date Submitted for Reimbursement/Payment</b>	
<b>Budgeted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Requires Church Approval</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Approved by Church</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Date ___ / ___ / ___)
<b>Budget Committee Approval</b>	<b>Approved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Date ___ / ___ / ___)
<b>Check #</b>	
<b>Date Reimbursement/Invoice Paid</b>	
<b>Amount</b>	