

Reimbursement Request Form



NAME: (Last) _____ (First) _____ (M.I.) _____
Print

ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____

Reimbursement Request

Reimbursements that are less than \$250 should have verbal pre-approval by the appropriate Ministry Leader.

Reimbursements that are \$250, or greater, require a pre-purchase authorization signed by the appropriate Ministry Leader and submitted to the CLC Treasurer.

Pre-purchase Authorization:

MINISTRY NAME: _____

MINISTRY LEADER: _____

Name (Print) Signature Date

<u>Ministry/Event</u>	<u>Item (Brief) Description</u>	<u>Amount</u>	<u>Purchase Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Check Requested By: (Signature) _____ (Date) _____

Make Check Payable To: Name (Print) _____

Address _____

Submit this form **signed**, and with **original receipts** attached, to the CLC Treasurer for processing:
 Calvary Lutheran Church, 2415 S 320 St, Federal Way, WA 98003-5462

Request Received By: (Signature) _____ (Date) _____

(Assistant Treasurer / Treasurer)

<i>For Office Use Only</i>	Item	Expense Acct #	Fund Source #
	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
	4.	_____	_____
	5.	_____	_____
	6.	_____	_____

Disbursement Check Number _____ **Date** _____