



Reimbursement Request Form

The Request form should be submitted AFTER the expenditure takes place, approval is subject to availability of funds



Budget Line No.: _____ Requested By: _____

Purchase Description:

Date to be Purchased: _____ Amount of Purchase: \$ _____
(Date) (Dollar Amount)

Purchased by: _____ Make Reimbursement Check Payable to:
(Name)

Action Taken by Ministry Head:
Approved / Declined / Return for Revision
(Circle One)

Ministry Head _____
(Signature)

Action Taken by Elders:
Approved / Declined / Return for Revision
(Circle One)

Authorized Elder _____
(Signature)



Note: if Expenditures exceeds Five Hundred Dollars (\$500.00), or if it exceeds annual budgeted amount, this Reimbursement must be forwarded to the Elders for review and approval.

Action Taken by Elders: Approved / Declined / Return for Revision
(Circle One)

Date Reviewed _____
(Date)

Authorized Elder _____
(Signature)