

REQUEST FOR REIMBURSEMENT

NAME _____

DATE _____

<u>CATEGORY</u>	<u>AMOUNT</u>	<u>CATEGORY</u>	<u>AMOUNT</u>
AWANA	_____	SOCIAL	_____
C.E.	_____	STUDENT MINISTRY	_____
CHILDREN MINISTRY	_____	GAME NIGHT	_____
SUNDAY SCHOOL	_____	OUTREACH	_____
VBS	_____	YOUTH FUND	_____
MINISTRIES	_____	PROPERTY	_____
1 ST IMPRESSION	_____	FELLOWSHIP HALL	_____
BOY SCOUTS	_____	JANITORIAL	_____
COMPASSION	_____	OUTSIDE	_____
MUSIC	_____	SANCTUARY	_____
OFFICE	_____	WCS	_____
NURSERY	_____		

TOTAL: _____

DESCRIPTION OF EXPENSES: _____

