

Credit
Card

FAITH UNITED METHODIST CHURCH

Credit
Card

EXPENSE/REIMBURSEMENT REQUEST

Please attach invoice or receipt for reimbursement of funds

DATE _____ AMOUNT _____
Charge made

PAYMENT SHOULD BE MADE TO: _____

WORK AREA OR COMMITTEE CHARGED FOR THIS EXPENSE: _____

PURPOSE: _____

APPROVED BY: (WORK AREA/COMMITTEE CHAIR/MANAGER) _____

FOR TREASURER'S USE:

PAYMENT DATE: _____ CHECK: _____