

FAITH UNITED METHODIST CHURCH

EXPENSE/REIMBURSEMENT REQUEST

Please attach invoice or receipt for reimbursement of funds

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

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: \_\_\_\_\_

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