



Reimbursement Request

Please attach all receipts to back of form and complete all columns.

Please have authorized signature and mailing address completed. Put completed form in Finance mailbox for processing.

****You have the option of donating the funds for reimbursement to HUMC.****

Church Ministry/Event/Program	Date	Description of Expense	Vendor/Store	Cost
Total to be reimbursed:				\$

Expenses Authorized / Approved by (Signature): _____

Expenses to be reimbursed to:

Name: _____

Address: _____

___ Check here to leave check on the ledge or in Church mailbox.

___ Check here to have check mailed to indicated address.

Please note, valid Harrison Budget expenses can be donated back to Harrison United Methodist Church. Please sign below, and the amount of these expenses will be included in your annual contributions to HUMC.

Check here to have expenses donated back to HUMC: ___

Donor Signature: _____

Thank you for your gift.

Office use only
Recorded in ACS (Sign and Date) _____

Recorded in QB (Initial and Date) _____