

CRIMSON WAY CHURCH
REIMBURSEMENT FORM

Please complete in as much detail as possible and submit to the Church Office.

Payment or reimbursement to be paid to: _____

Amount: _____

Purpose or description of expenditure:

OFFICE USE ONLY
Acct: _____
Acct: _____
Acct: _____

Ministry/ Organization: _____

Signature: _____

Date: _____

Print Name: _____

***** Please attach ALL receipt(s) and/or invoice(s) *****
Reimbursement will NOT be processed without these documents!

A check will be issued in the name listed above in 10-14 days after this form is received.

**Any purchases over \$100 that were NOT previously approved by the church office
will need to be approved before reimbursement can be issued.**

Treasurer's Comments:

____ Request Approved
____ Check Written Date
____ Designated Funds
____ General Giving

Date
Received: _____
Check # _____
Initials: _____

Please return this form within one month of the date the original purchase was made.