

**College Station Seventh-Day Adventist Church
Reimbursement Request Form**

Revision E1

Request Date _____

Requestor _____

Signature _____

Reimburse To _____
(if different than Requestor)

Contact Info _____
(optional)

Ministry Name _____
(one per form)

Ministry _____
Approval

	<u>Date</u>	<u>Vendor</u>	<u>Purpose of Expense</u>	<u>Amount</u>	<u>Method of Payment</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____
7)	_____	_____	_____	_____	_____
			<u>Total to be Reimbursed</u>	_____	

- * Please attach original receipts showing proof of payment.
- * No reimbursement can be made if funds do not exist in the subject ministry.
- * Please make separate transactions for church purchases and personal.
- * Contact Info is helpful for issue resolution or method of check disbursement. It can be phone number email and/or address.
- * Approval from the leader of the ministry in which reimbursement is requested may be required.
- * For Method of Payment use last four check or credit card numbers, CASH, etc.
- * Please use a separate form for additional ministries or more than 7 items.
- * Texas Sales and Use Tax Exemption Certification forms are available from the Treasury department.

Treasury Use Only	Check #	Amount	Date Paid
	_____	_____	_____