

# OUR SAVIOUR'S LUTHERAN CHURCH

## Request for Reimbursement

Please put completed form in the Treasurer's mailbox

Person Requesting Reimbursement \_\_\_\_\_ DATE \_\_\_\_\_

Organization/Line Item to Charge \_\_\_\_\_  
 (Examples: General Fund/Bulletins, Worship & Music/Musician, Education/SS Curriculum)

### EXPENSES TO BE PAID: RECEIPTS MUST BE ATTACHED

**Purchased From:**

**AMOUNT:**

1) \_\_\_\_\_ \$ \_\_\_\_\_  
 (Name) (Address)

\_\_\_\_\_  
 (Description of Expenditure)

2) \_\_\_\_\_ \$ \_\_\_\_\_  
 (Name) (Address)

\_\_\_\_\_  
 (Description of Expenditure)

3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (Name) (Address)

\_\_\_\_\_  
 (Description of Expenditure)

\_\_\_\_\_  
 (Signature of person making the request) **Total Amount: \$** \_\_\_\_\_

### **DISTRIBUTION INSTRUCTIONS:**

Payee or Account to Credit \_\_\_\_\_

Mailing Address \_\_\_\_\_

**OR** Person to receive check \_\_\_\_\_

Finance Committee:		(Office Use Only)
Verified by:	_____	
Date:	_____	
Check # _____	Account # : _____	\$ _____
Check # _____	Account # : _____	\$ _____
Check # _____	Account # : _____	\$ _____
Posted On: _____	By: _____	

Please Print Clearly