

Reimbursement Form

1. Complete this form
2. **STAPLE receipts to the back of the form**
3. Either hand to Denise Hammack in person or Mail to Denise at 8705 Courage Court, Raleigh, NC 27615
4. Questions: Call Denise 919-345-8259

Name: _____ Date: _____

ADDRESS : _____

Date of purchase	Location purchased	Item purchased	Budget category	Total
			TOTAL DUE:	

Your signature: _____ Expenses authorized by: _____

<p>Budget Categories:</p> <p>Advertising</p> <p>Facility</p> <p>Adult Ministries: Coffee/food Events/community lunches Paper goods/supplies Volunteer appreciation Office supplies</p> <p>Youth Ministries: Supplies, Professional development, volunteer appreciation</p> <p>Children: Supplies, Professional development, volunteer appreciation</p> <p>Nursery/Preschool: Supplies, Professional development, volunteer appreciation</p>	<p>For office use only</p> <p>Date received: _____</p> <p>Date paid: _____</p> <p>Amount paid: _____</p> <p>Check # _____</p>
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