



EXPENSE REQUEST/REIMBURSEMENT FORM

- All reimbursement requests must be received no later than 7 days following an event.
- No reimbursement can be made without a receipt.
- Incomplete expense forms will be returned to sender for completion.
- Please provide the original receipt/invoice.
- All purchases must have the approval of the Board of Deacons.
- Please allow two to three business days for processing

PLEASE KEEP A COPY OF THIS FORM AND ALL RECEIPTS FOR YOUR RECORDS.

Request Type: Reimbursement Check Request Petty Cash

Date: _____ Amount: _____

Name of Requester: _____ Contact # _____

Payee (If different than requester): _____

Payee Address: _____

Budgeted Funds: Yes No

Event or Ministry: _____

Reason for and Description of Expense:

I certify that the above is a true statement, that the expenses claimed were incurred by me on official church business, and that I have attached original receipts for each expense.

Print Name: _____

Signature: _____ Date: _____

Deacon Board Approval: _____ Date Approved: _____

Return completed form to Accounting Office Attention Cynthia Mitchell cmitchell@newmountaintop.com

Office Use Only

Budgeted item: Yes No Balance _____

Charge to Account: _____

Treasurer: _____ Date: _____ Check # _____