

West Covina Hills SDA Church
Reimbursement Form

DATE SUBMITTED: _____ YOUR NAME: _____

If you prefer the reimbursement check mailed to you, print your MAILING ADDRESS:

YOUR MINISTRY TITLE (if any): _____

MINISTRY FUND(S) TO BE DEBITED: _____

TOTAL AMOUNT TO BE REIMBURSED: _____

DESCRIPTION OF PURCHASED ITEM(S) AND DATE(S) PURCHASED:

PURPOSE OF ITEM(S) PURCHASED:

REQUIRED MINISTRY approvals:

Up to \$250

Printed Name + Signature of Ministry Leader

\$251 through \$1,000

Printed Name + Signature of Ministry Leader

Printed Name + Signature of Supervising Pastor (team rep)

Original receipts must be attached. Upon receipt of this completed form and approval by Treasurer, payment will be issued within one week.