

PURCHASE REIMBURSEMENT - REQUEST

FIRST BAPTIST CHURCH, 1107 WRIGHT AVE, RICHLAND, WA 99354, (509)943-8421

Date _____ Instruction
Name _____ 1) Have ministry leader/Elder approval (signed) before submitting form
Phone _____ 2) Retain authorization to submit for reimbursement
Email _____ 3) Forms submitted by Tuesday will be processed by Thursday

MINISTRY LEADER APPROVAL _____
Signature _____ Name _____

SUBMITTING RECEIPTS

___ Requesting Reimbursement

Check Payable to:

Name _____
Address _____
City _____
Zip _____

___ Other Instructions _____

<u>Item(s) Purchased</u>	<u>Purpose or Ministry</u>	<u>Account #</u> (if known)	<u>Cost</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Total	\$ _____

REQUESTING PURCHASE

<u>Item(s) to be Purchased</u>	<u>Purpose or Ministry</u>	<u>Account #</u> (if known)	<u>Expected Total Cost</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Total	\$ _____

___ First Baptist will be billed
___ I will request reimbursement (Complete "Check Payable to" above)
___ I am requesting advance payment (Complete "Check Payable to" above)
___ Other Instruction _____

AUTHORIZATION

___ Approved
___ Not Approved _____

OFFICE USE

Signature Name