

# REIMBURSEMENT FORM

<b><u>NAME OF PERSON CHECK MADE TO:</u></b>			
<b><u>STREET ADDRESS:</u></b>			
<b><u>CITY, STATE, ZIP CODE</u></b>			
<b><u>DETAILED DESCRIPTION OF REIMBURSEMENT</u></b> <i>Important to describe the purpose of the purchase so we can make sure its applied to the appropriate expense category</i>			
<u>Item</u>	<u>Reason for purchase</u>	<u>Dollar amount</u>	<u>Expense to</u>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>Total reimbursement requested= \$</b></div>			
<b><u>Appropriate receipts must be attached.</u></b>			
(Please Circle) <i>Receipts attached:</i> Y    N			
<i>Cash Purchase:</i> Y    N			
<i>Personal Credit Card:</i> Y    N			
<i>CPC Credit Card:</i> Y    N                    (Mark zero in reimbursement box.)			

<b><u>Signature:</u></b>	<b><u>Date:</u></b>
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- ***Form must be signed and dated.***
- ***Submit the form to the Accounting for payment. Form can be placed in the box at the church office for Accounting.***
- ***Purchases will be reimbursed based on available budgeted funds.***
- ***Any reimbursement discrepancy needs to be reported to CPC accounting within 14 days of the issue of the check.***