REIMBURSEMENT FORM

NAME OF PERSON CHECK MADE TO:

STREET ADDRESS:

CITY, STATE, ZIP CODE

DETAILED DESCRIPTION OF REIMBURSEMENT

Important to describe the purpose of the purchase so we can make sure its applied to the appropriate expense category

Item	Reason for purchase	Dollar amount	Expense to

Total reimbursement requested= $

Appropriate receipts must be attached.

(Please Circle) *Receipts attached:* Y N
Cash Purchase: Y N
Personal Credit Card: Y N
CPC Credit Card: Y N (Mark zero in reimbursement box.)

Signature: **Date:**

- ***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.***