

FRANCONIA UNITED METHODIST CHURCH
TO THE CHURCH TREASURER

NAME: _____
COMMITTEE INCURRING THE EXPENSE: _____

CHECK ONE:

- REQUEST FOR REIMBURSEMENT OF PERSONAL FUNDS SPENT (RECEIPT(S) ATTACHED)**
- REQUEST FOR VENDOR CHECK (BILLING NOTICE(S) ATTACHED)**

Instructions: please complete this form and include receipts or vouchers as indicated. If a receipt is not available, please list the expense(s) with an explanation.

Notes: (1) All expenditures of \$100 or more must be approved by the church treasurer prior to the purchase (this includes budgeted items). Reimbursement is subject to budget limits and available funds. All financial matters are the responsibility of and subject to the approval of the FUMC Administrative Council (Authority: FUMC Administrative Board, July 1990).
(2) Staff members must have all expenditures approved by the Pastor.

Date of Expense(s)	Description of Expense	Amount	Event/Committee

Total Amount to be Reimbursed: \$ _____

Requesting Member's Signature: _____

Event/Committee Chairperson's Signature: _____

Notes to treasurer: (such as if a check is to be issued to someone other than a member): _____

Please print the completed form and present it to the treasurer once the appropriate signatures are affixed.