FRANCONIA UMC REIMBURSEMENT/DISBURSEMENT FORM

TO THE CHURCH TREASURER

Please fill out this form **completely** and legibly. Attach receipts or vouchers **behind** this form. If a receipt is not available, please attach an explanation.

TODAY'S DATE: _____

PERSON SUBMITTING THIS FORM: _____

COMMITTEE(S) INCURRING THE EXPENSE: _____

CHECK ONE:

☐ **REQUEST FOR REIMBURSEMENT OF PERSONAL FUNDS SPENT (RECEIPTS ATTACHED)**

PAY THIS PERSON: _____

INCLUDE ADDRESS IN NOTES SECTION BELOW IF PERSON IS NOT IN CHURCH DIRECTORY

☐ **GIVE MATERIAL GOODS DONATION CREDIT IN LIEU OF PAYMENT ON GIVING STATEMENT OF THIS PERSON: _____**

☐ **REQUEST FOR VENDOR CHECK (ATTACH BILL)**

VENDOR INFORMATION:

(1) All expenditures of **$250** or more must be approved by the church treasurer prior to the purchase. Reimbursement is subject to budget limits and available funds.
(2) Staff members must have all expenditures approved by the Pastor (signed below).

Date of Expense	Description of Expense	Amount	Budget Line / Committee

Total Amount to be Reimbursed: $ _____

Person to be paid signature: _____

Event/Committee Chairperson's Signature: _____

Notes to treasurer: _____

_____

Please submit completed form to the treasurer with appropriate signatures.