

**Alliance United Methodist Church
EXPENSE REIMBURSEMENT REQUEST FORM**

Name _____ Date _____

Summary of Expenditure(s) -- Receipts MUST Be Attached

CODING	DESCRIPTION	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Reimbursement \$

I request reimbursement for the above expenses incurred on behalf of the ministry of Alliance United Methodist Church. These expenses have receipts attached and were approved prior to incurring the expense.

***All expenditures over \$200 must be also be approved by the Church Treasurer.

Signature of Requestor **Date**

~ Please allow 10 Business days to process. ~

For Office Use Only:	
Charge to:	_____
Approved by:	_____