



LIVING HOPE COMMUNITY CHURCH

Reimbursement Form

Request by: _____ Date Submitted: _____

Date Expense Incurred: _____

Description of Expense: _____

Special Instructions: _____

Amount to be paid: _____

*Approved by: _____

Date: _____

Signature: _____

Please provide your address below to receive reimbursement.

Please attach all related receipts. Receipts should already be photocopied onto a normal sheet of 8 ½ by 11 paper if possible. Completed forms are to be given to the treasurer.

*All expense reimbursements over \$500 must be approved by a deacon and/or elder with budget authority in the area in which the expense is incurred and WILL NOT be reimbursed if funding is not available/approved.

Budget line to be charged: _____

Account number: _____