<b>Reimbursement Form</b>	NO:	FILE:
This form is used when a person is seeking reimbursement and ha YOU MUST BE A DIRECTOR OF THE DEPARTM		
Today's Date:/ Your Name & Mini	istry/Department:	
For what purpose was items/services purchased?		
Where were the items/services purchased?		
How were the items purchased? OPersonal Check	Cash OPersonal Crec	dit Card
Please list below all items purchased: Attach all receipts to this form.		
Total to Reimburse	: \$	
Payable to:		
Payee Address:		
Payee City:	Payee State/ZIP:	
I promise that the items (or services) were purchased to be used exclusively for Trinity Baptist Church and the payee purchased all items.	<b>Church Office Use Only</b> Funding Acct	
Further, I promise to keep all items in as good condition as possible at Trinity Baptist Church or at an approved location (if applicable).		Funds Approved
<u>Departmental</u> <u>Director's</u> Signature:		
Print Name:		
Date: Daytime Phone:	Nevils Trinity Baptist Church, Inc.	

Nevils Trinity Baptist Church, Inc. Marie Waters, Treasurer

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