

# Union Chapel United Methodist Reimbursement Request

**Reimbursement Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Description:** (Provide detail of Item(s) for reimbursement. Include Item Name, Quantity, Unit Price, Total Price)

**Reason for Reimbursement:**

**Committee:**

**Requestor**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Committee Chair Approval**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Original Receipt must be attached for Reimbursement**

**Committee Chair must approve BEFORE you submit request to church for Reimbursement.**

**Budget Line Item Number**

**Approved Budget Amount**

**Budget Expenditures to Date:**

**Open Commitments (Exclude this Request):**

**This Request Expenditure Amount**

**Budget Balance**


**Finance Chair Confirmation**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_