



REIMBURSEMENT REQUEST FORM

Fill out this form to process all budgeted reimbursement requests incurred by the ministry of Jubilee Presbyterian Church, and to keep track of our expenses. To submit this form, attach all original receipts and get the signature of the Pastor, and submit it to the Treasurer. A check will be made payable to the name indicated below.

Pay to :	
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Office use:	
Ck#:	_____
Date:	_____

Date	Description/Account*	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

Submitted By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURES:**

Pastor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Treasurer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_