



Harrison Church

A UNITED METHODIST COMMUNITY

Reimbursement Request

Please attach all receipts to back of form. Please make sure you complete all columns and the bottom of this form.
Please put completed form in Finance mailbox for processing.

<u>Church Ministry/Event/Program</u>	<u>Date</u>	<u>Description of Expense</u>	<u>Vendor/Store</u>	<u>Cost</u>
Total to be reimbursed				

Reimbursement to:

Address -Where to send Check:

Date Submitted
