CHLB Reimbursement Form

CHRIST
UNITED METHODIST CHURCH

Payee _____ ***Date*** _____

Address _____

_____

City, State, Zip _____

Big Project or Small Team Project (circle one) **Project Name :** _____

Group / Team Name: _____ **Phone Number:** _____

Note:
CHRIST UMC does NOT reimburse tax, please do not include sales tax in reimbursement total.

Please include original recipets with your reimbursement request.

Purchase Date	Description of Item(s)	Vendor / Store Name	Amount
		Total	

Please check one:

Requested By: _____ ***Hold Check:*** _____

Mail Check: _____

Approved By: _____ ***Address:***

_____

For Office Use only _____

_____

Additional Information:

_____

_____

_____

_____