

Carmel Baptist Church

Reimbursement Request for Misc. Expenses

Reimbursement to: _____ Account Name: _____

Street Address: _____ Account Number: _____

City, State, Zip: _____

[illegible]

**ORIGINAL RECEIPT MUST BE ATTACHED
FOR EACH REIMBURSEMENT BEING REQUESTED**

<u>Total</u>	\$ -
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CERTIFICATION

I certify that the expenses incurred are related directly to the church and are correct and justified.

APPROVAL

Signature (Person to be reimbursed)

Church Administrator
Date

Ministry Assistant/Head Date

Note: Do not split out taxes.