



CRESHEIM VALLEY CHURCH
Reimbursement Form

INSTRUCTIONS: Please fill this form out in its entirety, put in an envelope, and place in the **Reimbursement Box** located on the large table in the foyer. (table on the right when you enter the building)

1. Please complete the necessary contact information.
2. Provide the dollar \$ amount to be reimbursed.
3. Provide the category number, if able.

Name: _____

Home Address: _____

(Reimbursement checks will only be mailed to your home address.)

Amount to be reimbursed: \$ _____

Reason for Request:

<u>4101</u> Hospitality/Fellowship/ Other Social Events	\$ _____
<u>4103</u> Men's Events	\$ _____
<u>4104</u> Women's Events	\$ _____
<u>4105</u> Young Adult Ministry	\$ _____
<u>4106</u> Youth Events	\$ _____
<u>4203</u> Women's Weekly Bible Study	\$ _____
<u>4204</u> Community Group Babysitting	\$ _____
<u>4601</u> Worship Accessories	\$ _____
Other:	\$ _____

Please Note:

Receipts **MUST** be attached to this form in order for you to receive a reimbursement.
This form does **NOT** have to be signed by an elder.

Office Use Only

Check # _____

Date of Payment: _____

Code No. _____

Receipt (s) Attached (yes/no): _____

Payment Authorization: _____