

DOGWOOD GROVE BAPTIST CHURCH EXPENSE REIMBURSEMENT REQUEST

INDIVIDUAL NAME: _____ PHONE: _____

ADDRESS: _____ DATE: _____

Date of Purchase	Item Description	Retailer/Vendor	Group/Activity/Department	Cost

TOTAL:

- Instructions:**
1. Please submit reimbursement requests within 30 days of incurring expense.
 2. Attach all receipts to this form (stapled or envelope)
 3. Use additional copies of this form if necessary.
 4. Place form & receipts in DGBC Treasurer inbox in the church office (behind the door, top slot).
 5. A check will be mailed to your address listed above within two weeks.

Office Use Only
 Reimbursement Approval: _____ Date: _____
 Check Number: _____ Date Mailed: _____