

Reimbursement for Benevolence Expenses

For Deacons/Deacon Assistants

University Presbyterian Church
2562 Rouse Road – Orlando, FL 32817

Date: _____

Person Assisted:

Name: _____

Address: _____

Phone: _____

Homeless

Instructions: This form is for reimbursing deacons or other authorized staff for expenses incurred in the Mercy & FAC ministries. Fields will expand as you type if more space is needed.

See signing instructions below. Accounting will retain only this form and not approving email chains – that is the responsibility of the deacons.

Form should be submitted via email (tanya@upcorlando.org), Fax 407-823-8530, or hand delivery.

If no phone, how do we contact them: _____

Type of assistance requested: Rent/Mortgage Transportation Assistance (Gas, Bus Ticket, etc)
 Medical Need Utilities Other _____

Relationship to UPC:

| | | | |
|--|--|---|-------------------|
| 1. Church Family <input type="checkbox"/> Member <input type="checkbox"/> Regular Attender | 2. Connected <input type="checkbox"/> To a Member <input type="checkbox"/> To a Ministry _____ | 3. Local Neighbor <input type="checkbox"/> 3 Mile Radius of Church | 4. Other _____ |
|--|--|---|-------------------|

Expenses to be reimbursed:

| Vendor | Purchase/Expense | Amount |
|--------|-------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL TO BE REIMBURSED: | |

Payee for reimbursement check:

Name: _____

RECEIPTS MUST BE ATTACHED

Address: _____

Check Routing: Will be picked up by _____ Mail Other _____

Type in your name and the name of approving deacon. You are responsible for obtaining and retaining your approvals. By submitting this form with names below you are stating that the appropriate approval process has been followed in accordance with Deacon Guidelines. Some expenditures require 100% approval.

Person Being Reimbursed: _____ **Date:** _____

Approving Deacon Signature: _____ **Date:** _____

Checking this box indicates that 100% approval was required and received