

## Bucks County Community Church Reimbursement Form

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Ministry:** \_\_\_\_\_

**Ministry Leader Signature:** \_\_\_\_\_

**Description of Purchase:**

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**Amount: \$** \_\_\_\_\_

**Additional Comments:**

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\* Please attach receipt(s) to the back of this form and submit to Janelle Leiningner.\* **Your reimbursement check will be mailed to you. If we do not have your current address, please provide it below!! THANKS!!**

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