

Faith Community Church

REIMBURSEMENT REQUEST FORM

- Original Receipts must accompany this form
- Reimbursement is dependant on prior approval by your Ministry Leader.

Date submitted: _____

Requestors Name: _____

Ministry Leader's Name: _____

Ministry charged: _____

For What Event: _____

Please check if known:

From Budget Acct

From Agency Acct

Reimbursement for (please list categories, i.e. food, decorations, books etc)	Amount Requested	Comments

Questions: Jeanne@fcch.org

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