EXPENDITURE REIMBURSEMENT FORM

Check Amount: _____
(For Office Use Only)

Check Number: _____
(For Office Use Only)

Reimbursement to: _____ Phone #:(_____)_____

Address, City, State, Zip: _____ [ ] Check if a new address

Reimbursement For: Church Location	Ministry	Items	Business Purpose	Business Relationship (Employees Only)	Purchase: Vendor	Date	Amount
(Example) New Hope	Ushers	Bread	Communion		Cub	8/26/08	$5.50

Directions Total 0

1) Do not pay state sales tax! Evergreen's tax exempt number is **31391**.

2) Attach all receipts (use originals) to the **BACK** of this form. Are all receipts attached? Yes _____ No ____

3) If you are an Evergreen employee you **MUST** sign below.

4) Is this reimbursement for equipment? **IF YES**, then a Purchase Authorization Form **MUST** be filled out prior to purchase.

5) Is this reimbursement over $100? **IF YES**, your authorized Ministry Leader **MUST** sign and print their name below.

6) Is this reimbursement over $1,000? **IF YES**, then the back of this form **MUST** be filled out prior to purchase.

Ministry Leader Name (Print)

Ministry Leader Signature _____ Date _____
Employee Signature

Expenditure Reviewed & Reimbursed by:

Signature _____ Date _____
(For Office Use Only)

Place completed form in an envelope in the offering basket, deliver to the Finance Department, or mail the form to:
Evergreen Community Church, Finance Department, 2300 E. 88th St, Bloomington, MN 55425-2185