

Buck Mountain Episcopal Church
FINANCIAL REIMBURSEMENT REQUEST FORM

Date Submitted _____

Name _____

Financial Reimbursement. Please total your expenses and tape original receipt(s) below.
Use additional 8.5/11" paper if needed.

Explanation of Expense(s): _____

Identify which Ministry (if known) the expense belongs to:

Total Reimbursement requested: \$ _____

In-Kind Donation. Check this box if you wish to offer this expenditure as an in-kind donation for the BMEC ministry/committee (if known) identified and for the purpose identified in the "Explanation of Expense(s)."

Disbursement.
Check Payable to: _____

Will pick up from church.

Please mail to (Address): _____

The reimbursement process generally may take a week or two. Buck Mountain Episcopal Church thanks you for your out-of-pocket advance expenditure to facilitate and expedite our ministries.

I acknowledge the above expense will be used solely for the purpose of Buck Mountain Episcopal Church and its ministries.

Signature

For Treasurer's use: Date check written _____ Check# _____