

# New Beginnings UMC

## Expense Reimbursement Form

\*Please complete this form, attach your receipts and give to Church Treasurer Judy Munson.

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

### Payee Information

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of Reimbursement: \$ \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Source of Funds

General Budget Area: \_\_\_\_\_

Restricted Budget Area: \_\_\_\_\_

### Approval

Finance Administrator \_\_\_\_\_

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

2nd Approval (If Needed) \_\_\_\_\_

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

### Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_