

Form of Expense Reimbursement

Oak Forest UMC

Nature of Expense: _____

Date Expense Incurred: ___/___/_____

Committee the expense should be charge: (Please select)

Worship

Outreach

Nurture & Membership

Benevolent

Youth

Children Ministry

Vacation Bible School

Devotional Materials

Mission Team

Men of Honor

Recovery Ministry

Office supplies

Other _____

Please have the signature of the head of the committee being charged before submitting for reimbursement.

I, _____, authorize this expense to be charged to the committee checked above to which I am responsible for monitoring the budget.

Check Reimbursement **OR** Church credit card charge

Check Payable to: _____ (print name) Signature: _____

Date: ___/___/_____