Form of Expense Reimbursement

Oak Forest UMC

Nature of Expense:_____

_____

Date Expense Incurred: ___/____/_____

Committee the expense should be charge: (Please select)

___Worship

___Outreach

___Nurture

___Benevolent

___Youth

___Children Ministry

___Devotional Materials

___Outreach

___Men of Honor

___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: ___/____/_____