



# GREENSBURG UNITED METHODIST CHURCH

Rev. Katherine L. Osier, Pastor

## REQUEST FOR REIMBURSEMENT

Requestor Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Payable To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_

*Please attach receipts with total*

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

Committee/Fund Name: \_\_\_\_\_

Other Additional Information as Needed: \_\_\_\_\_

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

### OFFICE USE ONLY

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

Approved by: \_\_\_\_\_

Account Name/Number: \_\_\_\_\_

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