

SPRING CREEK UCC
Request for Reimbursement **Purchase Order**

Date: _____

Payable To / Reimburse To: _____

Amount: \$ _____ *(Please estimate for PO)* Receipt(s) attached? Yes No

Description of expense / date of event / reason for reimbursement:

Ministry _____ Chair approval? Yes No

Delivery method for reimbursements: will pick up at church mail check *(See Below)*

Mail reimbursement to the following name & address:

Phone: _____ Email: _____

Other instructions or explanation of expense:

***Please staple all available receipts to this sheet
and place in Treasurer's box located in the office.***