RIDGEFIELD CHURCH OF THE NAZARENE
Reimbursable Expenditure Form
Request for Funds

NAME _____ DATE: _____
ADDRESS _____
_____ DEPT: (circle one)
_____ CHURCH SS NYI
PHONE # _____ NMI BLDG CHILDRENS

DATE OF PURCHASE	VENDOR (PURCHASED FROM)	ITEM	PURPOSE	AMOUNT
	LESS ADVANCE			
	TOTAL DUE			

I certify that this is a true and correct claim for necessary expenses incurred and for which I have not been reimbursed in any form.

SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

(NOTE: Completed forms will be picked up by Treasurer each Sunday in church office after the 9 a.m. worship service. If form is complete and receipts are attached, a check will be mailed during the following week. Note – this form must have a signature of approval and receipts must be attached.) Requests for reimbursement must be submitted to the treasurer within 30 days of the expenditure.

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