

Check # _____ Amount \$ _____ Code _____ Date _____

Minetto United Methodist Church

PO Box 217, Minetto, NY 13126

Accountable Reimbursement Form

Tax Exempt Number 105014

To: _____

From: _____

Date: _____

Request: Reimbursement Advance (circle one)

Reimbursement/Advance is requested from budget code _____ in the amount of \$_____.

Purpose of the goods or services purchased:

Check payable to: _____

Check should be given or mailed to: _____

Attach original receipt.

Name & signature of individual making request:

Name & signature of officer approving request: *(Signature certifies that the reimbursement is for a legitimate budgeted business expense of the Minetto United Methodist Church.)*

Give this form and the attached original receipt to the church treasurer.