

Reimbursement Request

2634 Drake Road • Lebanon, OH 45036 • www.urbancrest.org • Office: 513-932-4405 • Fax: 513-932-4455

Name:		Date:	
Address:		State:	Zip:
Email:		Phone:	

	Receipt From:	Ministry/Project Used For:	Amount:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total Amount of Reimbursement:			\$ _____

Responsibilities

- Copy your receipt(s).
- Circle items to reimburse, and the total amount on your receipt.
- Complete the form and attach your receipt copies.
- Obtain approval for these purchases from the Ministry Leader (i.e. VBS, AWANA, Youth, etc.).
- Submit to the Church Office.
- Allow 10 business days to receive a check to your address above.

Ministry Leader Approval _____ Date _____