valley vineyard
expenses for reimbursement

Please fill in as much information as possible. Attach all applicable receipts.

Check Payable To _____

Your Name _____

Ministry _____

Date	Amount	Description	Receipt?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
Total				

Your Signature _____ Date _____

Authorization _____

for office use only

account	$
account	$
account	$
account	$
account	$
account	$

Date	Total$	Check#

ver 06/17

Form Instructions:
Please use this form is you have paid for services on supplies. For questions on this form please see Admin Pastor or Bookkeeper. Thank you.

valley vineyard
expenses for reimbursement

Please fill in as much information as possible. Attach all applicable receipts.

You are the requestor. Your name goes here.

Check Payable To _____

Name _____

Ministry _____

Date	Amount	Description	Receipt?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
Total				

Include the purpose of the item or service.

If you do not have a receipt, your reimbursement may not be approved. Please speak to the Admin Pastor.

Your signature goes here. Do not leave blank!!

Signature _____ Date _____

Authorization _____

for office use only

account	$
account	$
account	$
account	$
account	$
account	$

Date	Total$	Check#

ver 06/17