

REQUEST FOR REIMBURSEMENT

Greensburg United Methodist Church  
2161 Greensburg Road  
P.O. Box 155  
Green, Ohio 44232-0155

REQUESTOR  
NAME: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_  
(In case we have questions)

REIMBURSEMENT AMOUNT: \_\_\_\_\_  
PLEASE ATTACH ALL RECEIPTS WITH TOTAL.

REASON FOR  
REIMBURSEMENT: \_\_\_\_\_  
\_\_\_\_\_

COMMITTEE/FUND NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:

APPROVED BY: \_\_\_\_\_

ACCOUNT

NAME/NUMBER: \_\_\_\_\_