

BUMC REIMBURSEMENT FORM

Must be completed within 2 weeks of purchase

Name _____

Amount: _____ Date: _____

Committee **Circle One**: Outreach, Education, Worship/Music, Fellowship and Ministries,
Witness, Staff, Office, Trustees

Description of Expense:

* Committee Chair Approval: _____

Check here if you would like your check mailed to you and provide your mailing address below:

CHARGE CARD RECEIPTS

Name of Card Holder: _____

Name of Shopper If Different than Card Holder: _____

Purpose of Expense: _____

Please attach all related receipts. Completed forms are to be placed in the Treasurer's mail box in the church office.

*All expense reimbursements must be approved by person with budget authority in the area in which the expense is incurred and WILL NOT be reimbursed if funding is not available/approved.

Check #: _____ Date: _____