

St Paul's UCC Church
Reimbursement Form

Name: _____

Receipt Amount: _____

Bill Amount: _____

Charge Amount: _____

Committee: _____

Signature: _____

All forms must be completed and signed. A signed receipt, bill, or charge slip must also be attached and returned to the church office for reimbursement.

Bookkeeper section:

Date of reimbursement: _____

Check # _____

Donation amount: _____