

# Cowee Baptist Church

## PURCHASE EXPENSE/REIMBURSEMENT FORM



**REQUIREMENTS:**

- Receipt/Invoice must be attached to form
- Approval Signature of Department/Ministry Head must be obtained
- Department/Ministry to be charged must be listed

**Name of Person Making Request:** \_\_\_\_\_

**Phone # of Person Making Request:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check One:**  Out of Pocket Expense (To be Reimbursed to an Individual)  
 Charged to Church (To be Paid to a Vendor)

INDIVIDUAL REIMBURSEMENT...		CHARGED TO CHURCH...	
<i>Complete This Side Only</i>		<i>Complete This Side Only</i>	
Description of Expense		Description of Expense	
<b>Amount</b>	<b>\$</b>	<b>Amount</b>	<b>\$</b>
Invoice or Receipt #		Invoice or Receipt #	
Date of Purchase		Date of Purchase	
Name of Person to Reimburse		Name of Vendor to Be Paid	
Address of Individual		Address of Vendor	

**DEPARTMENT/MINISTRY TO BE CHARGED:** \_\_\_\_\_

**BUDGET LINE ITEM # OF DEPT/MINISTRY** (if known): \_\_\_\_\_

**APPROVAL SIGNATURE OF DEPT/MINISTRY HEAD:** \_\_\_\_\_

.....

**FOR OFFICE USE ONLY:** Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_