

**Verbena United Methodist Church**  
**Reimbursement Form**

*This form is for the purpose of reimbursing individuals who have paid for a pre-approved budgetary item and are seeking reimbursement. If the purchased item is not pre-approved either by the church council or by committee the individual cannot be reimbursed by the General Fund of the Church.*

*Please fill out one (1) form per receipt, and fill out each space provided. Please attach a staple a copy of the receipt to the form. Failure to attach a receipt will void the form. Reimbursement Forms are to be given to Betsy Hornady.*

Name: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Item Purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For internal use:*

Date Received: \_\_\_\_\_

Amount Paid Out: \_\_\_\_\_

Signature: \_\_\_\_\_