

Atonement Lutheran Church Expense Reimbursement Form



29617 State Road 54
Wesley Chapel, FL 33543
813.973.2211
www.atonementlutheran.net

Please complete in Full and Sign. All receipts must be attached. Expenses need prior approval from the ministry team leader. Submit this form to the Church Treasurer

Make check payable to: _____ ☐ Other (please specify below)

In the Total Amount of: \$ _____

Phone # (home/work/cell): _____

This budget this expense should be applied to:

- | | |
|--|--|
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Christian Education |
| <input type="checkbox"/> Fellowship | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Office Expenses | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Prayer and Caring | <input type="checkbox"/> Senior Ministries |
| <input type="checkbox"/> Social Concerns | <input type="checkbox"/> Sound Equip. |
| <input type="checkbox"/> Technology | <input type="checkbox"/> WELCA |
| <input type="checkbox"/> Worship / Music | <input type="checkbox"/> Youth |

I declare these are expenses I incurred on behalf of Atonement Lutheran Church and that this expense was approved by the ministry team leader. Please credit the budget account as specified and provide me reimbursement.

Signature: _____

Date submitted: _____

Description of Expense	Date of expense	Amount	Receipt (Y/N)

Treasurer use only					
Check #		Date		Amount	

If you are unable to submit a receipt, please attach a written explanation of the circumstances.