Springboro Baptist Church

Reimbursement Request

Use this form when goods or services have already been purchased.

- 1) Copy your receipt(s) if you want a record
- 2) Print all information below and attach original receipt(s) with items circled for reimbursement
- 3) Obtain signature approval from Ministry Leader, if applicable
- 4) Submit completed form and receipts to Finance Secretary mailbox next to church offices
- 5) Checks processed once a week on Tuesday
- 6) Requests received after checks processed will be processed the following week

Date subm	itted		_	Mail check	or	Pick up check	
Pay to				Phone			
Address							
City, ST				Zip			
Receipt	from	Description of	goods or services			Amount	
Ministry or	Account to	oe charged	Total Reimbursement An	nount \$	6		
,							
			Ministry Leader				