

REIMBURSEMENT REQUEST FORM

This form is to be used for the reimbursement of expenses incurred by members and to authorise payments where suppliers invoice the church directly.

Please ensure authorisation is obtained from a trustee or account signatory.

Please complete the form in **BLOCK CAPITALS** with a black pen and then return to the church treasurer.

YOUR DETAILS:

Make Cheque payable to:

Address:

..... Postcode:

EXPENSE DETAILS:

Please confirm what the request is being made for: Amount £

.....

.....

.....

Total £

Have you attached receipts? YES NO (Please tick)

Please note the church is not obliged to reimburse without a receipt. If you have any further comments to clarify your request please add them below:

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CONFIRMATION AND APPROVAL OF REQUEST:

I confirm the above claimed expenses were all necessarily incurred by me on church business.

Signature of Claimant: **Date:**

I have reviewed this form and authorise the church treasurer to raise a cheque in the amount requested for the benefit of the claimant.

Signature of Authoriser: **Date:**

Signatory Name in Block Capitals

For Office Use:

Budget No. _____

Cheque No. _____