



LIFEPOINTE CHRISTIAN CHURCH REIMBURSEMENT FORM

TODAY'S DATE: _____

Is this an expenditure that needs to be reimbursed to you? YES ___ NO ___

Have you attached the receipts/invoice to this form? YES ___ NO ___

(Receipts are mandatory for any form of reimbursement)

NAME: _____

PHONE # () _____

1. TOTAL amount spent: \$ _____

2. WHERE was it spent? _____

3. Briefly describe what was purchased: _____

4. What category or ministry should this expenditure be pulled from?

PRIMARY CATEGORY (example – worship) _____

SUB-CATEGORY (example – communion) _____

5. If this expenditure is to be reimbursed, please complete the following:

Check to be written to: _____

Address to be mailed: _____

While most reimbursements are processed within a few days, please allow up to 2 weeks.