

Memorial Baptist Church

Reimbursement/Purchase Request Form

*Please complete this form for any reimbursement expense or purchase you have pertaining to Memorial Baptist Church missions or ministries.

NAME: _____ DATE: _____

PARTNERSHIP/PROJECT (Account #): _____

REASON FOR EXPENSE/PURCHASE:

MAKE PAYABLE TO: _____

AMOUNT: _____

ADDRESS: _____

(Please attached a copy of the receipt or proposal on organizational letterhead)

Signature of Requestor Date

Signature of Team Leader (if amount is above \$250.00) Date

Signature of Treasurer (if amount is above \$500.00) Date

Note: We are a tax-exempt organization. Please obtain a tax-exempt letter from the church office so as not to be charged sales tax. Any sales tax incurred will not be reimbursed.

Account #: Haiti (1301e), Sierra Leone (1301a,) CMFCAA (1301h), City Reach (1301k)
Wednesday Night Missions (1301n5), Kids Against Hunger (1301n1), Three Story (1301o5)