



JFBC Church Expense Purchase/Reimbursement Request Form

1. All reimbursement requests must be received no later than 30 days following an event.
2. Please staple detailed receipts to this form.
3. All purchases over \$250 must have prior approval of the Finance Committee.
4. All non-budgeted expenses must have prior approval of the Finance Committee.
5. Form must be signed by the chairman of the church committee responsible for the budget account.

Please keep a copy of this form and all receipts for your records.

Request Type: Purchase Request Reimbursement Request

Date: _____ Amount: _____

Name of Requestor: _____

Payee (If different than the requestor): _____

Address: _____

Budgeted Funds Yes No Budgeted Account Number: _____

Date Needed by: _____

Event or Ministry: _____

Reason for and Description of Expense: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official JFBC business, and that I have attached the original receipts for each expense.

Printed Name: _____

Signature: _____ Date: _____

Return completed form to the church secretary or finance secretary.
Direct any questions to financejfbcc@jemisonfirstbaptist.com

Additional Signatures:

Committee Chairman: _____

Finance Committee Chairman: _____
(If expense is not budgeted and/or amount exceeds \$250)