

REIMBURSEMENT FORM

River Forest United Methodist Church
7970 Lake Street
River Forest, IL 60305

Today's Date: _____ Reimbursement Amount: _____

Pay to: _____

Address: _____

Phone number or e mail address: _____

Description of Expense: _____

Group to be charged: _____

_____ I have attached a copy of the receipt/invoice/written record **

Please _____ mail check to the above address OR _____ place in my church mailbox.

Signature of person requesting reimbursement _____

Print name _____

Signature of Chairperson of group to be charged _____

** written record must include date, type of service or goods, company or person responsible for providing service or goods, address and phone number of provider – this form of verification is only necessary in instances where there is no written receipt or invoice

Check # _____ Date issued _____