GC Leader Reimbursement Form

❑ I've purchased these items and am submitting receipts for reimbursement.
- ❑ Please mail me a check
- ❑ I will pick up a check

Submission Date: _____
Full Name: _____
Address: _____
_____
Phone: _____
Email: _____

Vendor (Name of Business from whom the Purchase was made)
A: _____ B: _____ C: _____
D: _____ E: _____ F: _____
G: _____ H: _____ I: _____
J: _____ K: _____ L: _____

Date	***Item(s)***	***Description/Ministry Purpose (include names)***	***Vendor***	***Price***
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			Total	$

Please staple all original receipts to this form. Please circle the date and purchase amount. Maximum of $200.

Office Use Only

❑ Check Printed Check #: _____ Signature: _____ Date: _____