

Orange UMC Expense Reimbursement Form

Your Name: _____

Today's Date: _____ Amount of Purchase: _____

Explanation of Request/Purchase:

Account to be charged: _____

Is Orange being reimbursed for this? No Yes

If yes, by whom? _____

Is this a ministry Item?

No

Yes-Specify: _____

Check Payable to: _____

Pick up check in Church office

Mail check

Mailing Address:

Contact Information:

Email: _____

Phone: _____

Committee Chair Signature for Approval (required)
