

GREFC Reimbursement Form

Your Name: _____ Today's Date: _____

Which Ministry/Area is the purchase for? (please check)

Adult: ___ Connecting & Hospitality ___ Caring & Support ___ Library ___ Men's ___ Women's
___ Worship ___ Other

Children's: ___ Nursery ___ Pathfinders ___ Kidz ROC ___ BYBC ___ Camp Scholarships
___ Ministry Expenses ___ Other

Student: ___ Immerse ___ Infuse ___ Brick Confirmation Class ___ Ministry Expense ___ Other

Elders: ___ Background Checks ___ Call Committee ___ Guest Speakers ___ Training Equipping
___ Communion Supplies ___ Misc./Other

Facility: ___ Decorating ___ Furnishings ___ Insurance ___ Kitchen Supplies ___ Kitchen Equip-
ment
___ Wed. Night Meals ___ Maint./Carpet cleaning ___ Maint./Cleaning supplies
___ Maint./Snowplowing ___ Maint./General ___ Misc./Other

Office: ___ Copiers/Maint./Toner/etc. ___ Equipment/Computers ___ Communications ___ Postage
___ General Office Supplies

Staff: ___ Conferences/Cont. Ed.

Please explain what you purchased and why: _____

If you ordered online or by phone, was the item received? YES NO

(If NO, please contact the office to process reimbursement once item is received)

Total Amount of Purchase: _____

Please attach all receipts/invoices. If receipt/invoice contains non-ministry purchases, please clearly identify which items are to be charged to the ministry/area for reimbursement. You will not get reimbursed if you do not have an attached receipt/invoice.

Authorizing Signature: _____

Form must be signed by a Ministry Leader/Elder Board Member/Exec Board Member/Pastor. The person requesting reimbursement **cannot** be the authorizing signer.

Please submit form to the Church Office or place in the Office Mailbox.