



THE WORD CHURCH^{2.0}
OF VIRGINIA

Church Expense Request/Reimbursement Form

- 1 All reimbursement requests must be received no later than 14 days following an event.
- 2 Please staple receipts to this form. Incomplete expense forms will be returned to sender for completion.
- 3 **All purchases under \$250 must have the approval of the Treasurer; \$250 and over the approval of the full Board of Directors.**
- 4 No reimbursement can be made without receipt.

PLEASE KEEP A COPY OF THIS FORM AND ALL RECEIPTS FOR YOUR RECORDS.

Request Type: Reimbursement Check Request

Date: _____ Amount: \$ _____

Name of Requestor: _____

Address: _____

Payee (if different than requestor): _____

Budgeted Funds Yes No Non Budgeted Funds Yes No (must be approved by BOD)

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 TWC business, and that I have attached original receipts for each expense.

Printed Name: _____

Signature _____ **Date** _____

Return completed form to Faye Haddad or Sis. Mary Glenn.
Direct any questions to finance@thewordchurchva.org, Faye Haddad or Sis. Glenn

OFFICE USE ONLY

Check # _____ Date _____

Account: _____

Payment type: (circle one)

PayPal Visa EFT- Bank Walmart

Approved By: _____
Printed Name

Signature