

## Bear Creek Church - Reimbursement Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

| <u>Type of Expense</u> | One TYPE per form - Describe below - Attach receipts |                       |
|------------------------|--|-----------------------|
| (circle one)           | 1. _____   | \$ _____              |
| Hospitality            | 2. _____   | \$ _____              |
| Office Supplies        | 3. _____   | \$ _____              |
| Gifts                  | 4. _____   | \$ _____              |
| Meals                  | 5. _____   | \$ _____              |
| Worship Supplies       |  |                       |
| Other                  |  | <b>Total \$</b> _____ |

Thank you for your help in ministering to others through BCC. Submitting this expense insures that each member of the body will have the joy of participating. Please have the church leader who authorized this expense initial \_\_\_\_\_. The leader will either submit it to an FMAT member, or you may give it to Elder Steve Murphy, or mail it to: PO Box 4732, Medford, OR 97501. Thanks again!

**Bookkeeper use:** Date pd \_\_\_\_\_ ck # \_\_\_\_\_ Acct \_\_\_\_\_ class \_\_\_\_\_

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