



Tewksbury Congregational Church Reimbursement Request Form

Updated 5/2011

Requested by: _____

Date: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

Note: Electronic check will be mailed to your home

Reimbursement required by: _____ ASAP

Reimbursement for the following:

Item Description:	Cost:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Amount of Reimbursement: \$ _____

Committee Chair Signature: _____

Budget line item(s) to charge against: _____

Treasurer's initials for budget verification: _____

Procedure: Submit completed form (including appropriate budget line item(s) and authorization of committee chairperson) to Treasurer's box for budget verification. Invoices and/or receipts should be included with items for reimbursement highlighted.