

Epiphany Lutheran Church

Request for Reimbursement

To: Gina Brockhoff, Bookkeeper

Requestor's Name: _____ Date: _____

Description: _____

Requested Amount: \$ _____

- Budget Category:
- _____ 01 Miscellaneous
 - _____ 02 Building/Operating
 - _____ 06 Office Expense
 - _____ 13 Copier & Computer
 - _____ 18 Evangelism Committee
 - _____ 19 Social Services
 - _____ 20 Congregational Life
 - _____ 21 Worship and Music
 - _____ 22 Youth
 - _____ 23 Parish Education
 - _____ 24 Stewardship
 - _____ 25 Benevolence
 - _____ 90 Sharing the Light
 - _____ 99 Non-Budget

 - _____ OTHER

Receiver's Name: _____

Receiver's Address: _____

Authorized Signature: _____

Comments: _____
