

Epiphany Lutheran Church

Request for Reimbursement

To: Ken Schafer, 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
 - _____ Memorial Garden/Columbarium (G&F)

 - _____ OTHER _____

Receiver's Name: _____

Receiver's Address: _____

Authorized Signature: _____

Comment: _____

Please submit the original complete invoice along with this reimbursement form (keep a copy for yourself). Invoices should have a clear budget category and committee chairperson's approval. Place this request in the Bookkeeper's mailbox. Check requests are processed every Tuesday. Any questions, please contact Ken Schafer at bookkeeper@epiphany-lutheran.com.