

Epiphany Lutheran Church

**Request for Reimbursement**

To: Carl Rayburn, Bookkeeper

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Description: \_\_\_\_\_

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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: \_\_\_\_\_

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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 Carl Rayburn at [bookkeeper@epiphany-lutheran.com](mailto:bookkeeper@epiphany-lutheran.com).