

OUR REDEEMER LUTHERAN CHURCH
REIMBURSEMENT / PAYMENT REQUEST SLIP

Your Name _____ Date _____

Reimbursement _____ Billed to church from _____
(Name of individual or business)

Description of purchase: _____

Group responsible for review & signature of budget categories by symbols:

- | | |
|---------------------------|-----------------------|
| (*) Deacons | (@) Trustees |
| (=) Christian Ed. Comm. | (+) Music Committee |

Fill in the amount for each Budget Category and Total Below:

- | | | | |
|---------------------------|----------|-----------------------------|----------|
| (@) Supplies – Cleaning | \$ _____ | (*) Advertising | \$ _____ |
| (@) Supplies – Kitchen | \$ _____ | (@) Capital Improvements | \$ _____ |
| (+) Supplies – Music | \$ _____ | (=) Christian Ed Material | \$ _____ |
| (*) Supplies – Office | \$ _____ | (@) Maintenance | \$ _____ |
| (*) Supplies – Worship | \$ _____ | () Other | \$ _____ |

Total amount OF Reimbursement or Billing: \$ _____

Review signature(s) & Date: _____

Please attach all receipts and submit to Treasurer.