

Reimbursement form
Big Cove Presbyterian Church

Name of person who purchased goods _____

Address _____

Phone _____

Item(s) purchased _____

For what event? _____

For what ministry team? _____

Amount of purchase _____

Account:

Budget Number: _____

Signature of Chair of ministry team _____

or

Fund Number: _____

If the monies are paid from a designated fund, the Treasurer, Jim O'Connor needs to sign off on this _____ Jim O'Connor