



**REQUEST FOR REIMBURSEMENT / PAYMENT**

*Committed  
to serving  
Jesus Christ*

Date of Request: \_\_\_\_\_

Person to be Paid: \_\_\_\_\_

Address (if to be mailed) \_\_\_\_\_

Committee Position / Professional Capacity \_\_\_\_\_

*Caring  
about each other  
and the needs  
of a broken world*

**REASON FOR REIMBURSEMENT / PAYMENT REQUEST:**

Amount: \_\_\_\_\_

Item(s) / Services Provided: \_\_\_\_\_ (attach receipts)

Materials ordered for: \_\_\_\_\_

*Community  
exploring faith,  
joyfully sustained  
by the love of God*

**AUTHORIZATION** (have appropriate person initial):

Pastor \_\_\_ Administrator \_\_\_ Committee Chair \_\_\_

**BILLED TO:**

The above expense will be charged to the \_\_\_\_\_ Ministry

budget item # \_\_\_\_\_

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[www.capitolhillpreschurch.org](http://www.capitolhillpreschurch.org)