



JOURNEY OF FAITH REIMBURSEMENT REQUEST

Date: _____

Date	Department / Ministry Team (See Below)	Description or Reason	Amount
TOTAL			

****Staple receipts on the back**

PAY TO		
	Print Name	
	Signature	

APPROVAL		
	Treasurer	
	Ministry Leader	

* Approvals from two people (other than the Payee) are required

* Equipment purchase over \$100 need prior approval

FOR OFFICE USE ONLY		
	Check Number	
	Date	
	Amount Paid	

Department	Ministry Team
Church Ministry	Children
Facilities	Fellowship
Honorarium	Men/Women
Marketing	Small Group
Missions	Welcoming
Office / Legal	Worship
Outreach	Youth
Retreat	Miscellaneous