

Designated Fund Reimbursement Request

Please have receipts or copies of receipts.

If purchases are for more than one fund, please break it down for the bookkeeper and have each fund initialed by
Reimbursements are made weekly unless other arrangements have been made.

For Church Credit Card Holder: Print Name _____ Date _____

For Check Request: Make check payable to (Print) _____ Date _____

Form Filled in by (Print Please) _____ Date _____

Approved by Supervisor _____ Print Last Name _____ Date _____

Approved by Supervisor _____ Print Last Name _____ Date _____

Approved by Session _____ Print Last Name _____ Date _____

Designated Funds

- | | | |
|----------|------------------------------|-------|
| 3304 | 20% Emergency Fund | _____ |
| 3306 | Special Events | _____ |
| 3308 | Pastor Cont Ed Carry Over | _____ |
| 3309 | Dm Pastor Cont Ed Carry Over | _____ |
| 3315 | Honduras Mission | _____ |
| 3316 | Mexico Mission | _____ |
| 3320 | Historic Church Preservation | _____ |
| 3321 | Middle Street Church | _____ |
| 3324 | Deacons | _____ |
| 3332 | Youth Scholarship | _____ |
| 3336 | Christian Education | _____ |
| 3349 | Capital Improvement Expense | _____ |
| 3349-200 | Capital Imp Expense - Visual | _____ |
| 3349-300 | Capital Imp Expense - Sound | _____ |
| 3380 | Men Savings | _____ |
| 3384 | Women's Ministry | _____ |
| 3392 | Mission Fund Expense | _____ |
| 3396 | Parish Nurse | _____ |
| 3397 | Local Disaster Relief | _____ |
| 3398 | Miscellaneous Income Expense | _____ |
| 3385 | Van Rental | _____ |
| 3399 | New Church Plant | _____ |

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