

REDEEMING GRACE CHURCH

**PURCHASE REIMBURSEMENT  
FORM**

*\*All purchases must be pre-approved by a staff member or ministry leader. Submit this form as a cover page with your receipts attached to the back. Please allow 10-14 days for reimbursement to be mailed. See instructions on the back of this form.*

Name \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purchase(s)  
authorized by \_\_\_\_\_  
Pastor/Ministry Leader

<b>Required:</b>
Staff member approval initials _____
Cost category _____

Date Purchased	Description	Ministry or Event	\$ Amount including tax (6%)
		<b>Total</b>	<b>\$</b>

**Thank you for serving** the church family with your time and resources! To help us reimburse your expenses quickly and to account for them accurately, please remember the following:

Purchase reimbursements are made for individuals who have been requested by a staff member or ministry leader to purchase items for ministry use.

### 1. Complete a Purchase Reimbursement Form:

- Reimbursement Forms are available in the lobby at the Welcome Center.
- Please take extra forms with you if you regularly need them.
- A current address** should be given if your address is not listed or is not correct in the current Redeeming Grace Church Database or The City.
- Fill out form completely.
  - Description = description of items purchased
  - Ministry/Event = ministry or church event items were purchased for
- Use a separate line for each receipt attached.
- Use a separate line for each ministry or event – even if only one receipt.

### 2. Attach receipts to the back of the Reimbursement Form:

- Attach all receipts by stapling them to the **back** of this form
- Mark receipts for items purchased for Redeeming Grace Church if all items on receipt do not apply.

### 3. Turn in forms with receipts

Turn in the completed form with receipts to the 'In Box' at the Welcome Center or mail them to the church office: Redeeming Grace Church, Finance Office, 5200 Ox Road, Fairfax VA 22030

Name <u>John Q. Member</u>	Date: <u>7/25/00</u>
Address <u>12345 New Street</u>	Daytime phone: <u>703-555-1212</u>
City <u>Fairfax</u> State <u>VA</u> Zip <u>22030</u>	<b>Required for purchases over \$50:</b>  Staff member approval initials _____  Cost category _____
Purchase(s) authorized by <u>ministry leaders' name or elder's name</u> Pastor/Ministry Leader	

  

Date Purchased	Description	Ministry or Event	\$ Amount including tax (4.5%)
7/1/00	Craft supplies for 7/8 yr olds	Children's Ministry	14.92
7/15/00	Snacks/refreshments for youth	Sr. High Ministry	17.80
7/23/00	chicken/drinks/paper goods	New Members Dinner	24.32
<b>Total</b>			<b>\$ 57.04</b>