

# FIRST BAPTIST CHURCH OF SANDERSON

8767 Co Rd 229, Sanderson, FL 32087

## REIMBURSEMENT REQUEST

I am requesting reimbursement for the following expenses:

Purchaser's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Merchant/Payee Name: \_\_\_\_\_

Select Budget:

## Buildings & Grounds

## Finance

## Food Services

## Leadership Team

## Long Range Planning

## Nominating

## Nursery & Preschool

## Outreach

## Pulpit Committee

## Security

Sunday School

## Worship

## Youth

Summary of Purchase:

Amount:

I certify that the items shown on the attached receipt are necessary ministry items, purchased for use by the church and not for personal desire or need. I understand that reimbursement will be completed by check only.

Purchaser's Signature \_\_\_\_\_

Budget Administrator's Approval (If not the purchaser)

**Attach Receipt Here**

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