Reimbursement Request Form
Calvary Chapel of Lake Elsinore

No check will be issued without a completed form and attached receipts. Under normal circumstances, checks are written on Monday mornings and issued on Tuesdays. All reimbursements are subject to approval.

Name: _____ Phone: _____

Address: _____

(check one)   Employee: _____   Volunteer: _____   Other: _____

Today's date: _____/_____/_____   Date of purchase: _____

Purpose for which purchase was made: _____

Briefly describe what was purchased: _____

If applicable, provide the following:

Manufacturer_____

Model number_____

Serial number_____

Person who authorized purchase: _____

Total amount of reimbursement: _____   Are receipts attached?: _____

Make check payable to: _____

THIS SPACE FOR MILEAGE REIMBURSEMENT ONLY

Total mileage to be reimbursed: _____

Purpose of trip(s): _____

Miles @ .28 per mile = $_____

This space for office use only

Reimbursement authorized by: _____   Signature: _____

Date: _____/_____/_____   Check #: _____   Amt. paid: $_____

ATTACH RECEIPTS TO THIS FORM