

Ministry Reimbursement Form

PROCEDURES for submitting reimbursement requests for JourneyEC ministry-related expenses:

- 1) Enter **Budget Line Number** & Line Item Name for expense, per Budget Chart.
- 2) Print name of appropriate departmental authorizing person, have person sign.
- 3) Enter brief item description and amount.
- 4) Enter total amount to be paid.
- 5) Attach **ORIGINAL** receipts in order of request to this form.
- (6) Enter name for check payee, and address if check is to be mailed.
- (7) Obtain payee's signature to certify it is a qualified ministry expense.
- (8) Enter special instructions or comments. If there is no receipt, state reason.
- (9) **If request is ≥\$250**, second signature required. Obtain elder or SP signature.
- (10) Place completed form and receipt(s) in the JourneyEC Bookkeeper's mailbox.

Notes: Reimbursements must be submitted within 90 days of purchase, with the exception that in the last fiscal quarter, all completed reimbursement forms and receipts must be submitted by 12/31. Cost to issue a stop payment and create new check is \$30. Please allow two weeks processing time.

1. Line #	1. Line Item Name	2. Authorized By (Print Name)	2. Dept. Authorization (Signature)	Date	3. Description	3. Amount
					4. TOTAL	

6. **Make Check Payable to** (please print): _____

Street address (if check needs to be mailed) _____

7. **Applicant Signature:** I certify this is for JourneyEC ministry expenses _____

City _____

Date submitted _____

State _____ Zip Code _____

8. Special instructions or comments _____

9. **Elder or Sr. Pastor** (if ≥\$250, please print): _____

9. **Elder or Sr. Pastor Signature** _____

Date submitted _____

OFFICE USE ONLY

Date Check Issued _____

Check Number _____

