Darby Creek Community Church

4087 Main Street, Hilliard, OH 43026
(614) 777-6322

Reimbursements

1.) Please complete all the information on the form.
2.) Please print.
3.) Original receipts must be stapled to the back of this form.
4.) Highlight and total the items on the receipts.
5.) Itemize all expenses with a reason for purchase.
6.) Make a copy for your personal records.
7.) **All reimbursed business expenses over 60 days old must be counted as taxable income.**

Ministry _____

Item / Reason for Purchase	Date	Store	Amount
		Total	$0.00

Name _____
Street Address _____
City, State, Zip _____

Day Phone _____

Signature _____

Date _____

Approval (Ministry Leader / Staff) _____

FOR OFFICE USE ONLY

Check# _____ Account _____
Amt. of Check _____ Check Written By _____
Date of Check _____ Comments _____