

# Darby Creek Community Church

3105 Casper Ave, 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			

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 _____