

## Darby Creek Community Church

1145 Amity Road, Galloway, OH 43119

(614) 878-6542

### 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 _____	