# **CrossPoint Church** Reimbursement Request

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Method of Reimbursement (check one):  By Check  Record on my Giving Statement *(New Items Only)*

Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Thank you!*

Purpose of expenditure:

 \*\*\*Please attach a copy of your receipt and submit to Ministry Area for which the expenditure was made.\*\*\*

*For internal use:*

Quadrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quadrant Staff/ Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Line #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05/08