

# Light of Christ Anglican Church

## Ministry Expense Reimbursement Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Ministry: \_\_\_\_\_

Description of Item/Service	Purpose	Amount	Dept. Number	Account Number

Total \_\_\_\_\_

(Please attach all receipts to the completed form and circle the items on the receipt for which you are requesting reimbursement. Return the form to Jeanie Hutton's box.)

Thank you for your help

*Jeanie*