

Acacia Hills Church of God Reimbursement Form

(please staple all receipts to this form)

Approval of Purchase:

Name of Elder: _____

Position of Elder: _____

Signature: _____ *Date: _____

*Approval must be received before purchase

Reimbursement

Requested by: _____ Date: _____

Budget Category	Place of Purchase	Date of Purchase	Item Description	Amount

*Total: _____

**Reimbursement will not be given without a copy of the purchase receipt(s)*

Treasurer Use Only: Check #: _____ Date of Issue: _____ 08-25-08