



Check Number: _____
(For Office Use Only)

Phone: _____

Address, City, State, Zip:

Ministry	Item(s)	Vendor	Date	Amount
			Total	

- 1) Due to State clarification you will need to pay sales tax, unless you are paying with a church check or credit card.
- 2) Attach all receipts (use originals) to the back of this form. Are all receipts attached? (Circle one) **Yes / No**
- 3) Is this reimbursement over \$50? If yes, the Budget Leader must sign and print their name below.

Reviewed and Reimbursed by:

Budget Leader Signature		Date	Signature		Date
Budget Category	Leader		Budget Category	Leader	
Building Maintenance	Don Bredle		Lawn care	Justin Wichman	
Decorating	Nancy Zellinger		Copier	Justin Wichman	
Office Supplies	Nancy Zellinger		Telecom	Justin Wichman	
Postage	Nancy Zellinger		Utilities	Justin Wichman	
Outsourced Graphics	Nancy Zellinger		Continuous Education	Justin Wichman	
Special Events	Nancy Zellinger		Vacation Bible School	Justin Wichman	
Literature	Nancy Zellinger		Life Groups	Mark Anderson	
Travel	Nancy Zellinger		Sunday School	Nikki Rudack	
Background Checks	Nancy Zellinger		Awana	Ryan & Nikki Rudack	
Janitorial Supplies	Kim Johnson		Nursery	Abi Waltzer	
Landscaping/Gardening	Kim Johnson		Mom's Group	Abi Waltzer	
Food and Beverage	Kim Johnson		Middle School Group	Lona Filla	
Business Meals	Rob Gerber		Technology/IT	Travis Paullin	
Music Team	Rob Gerber				