



CEDARCREEK COMMUNITY CHURCH

2024 Reimbursement Form

Check Amount: _____ (For Office Use Only)
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Check Number: _____ (For Office Use Only)
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Reimbursement to: _____

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.

_____ Budget Leader Name (*Print*)

Reviewed and Reimbursed by:

Budget Leader Signature			Date	Signature			Date
<i>Budget Category</i>	<i>Leader</i>			<i>Budget Category</i>	<i>Leader</i>		
Building Maintenance	Don Bredle			Lawn care	Justin Wichman		
Decorating	Claire Wilson			Copier	Justin Wichman		
Office Supplies	Claire Wilson			Telecom	Justin Wichman		
Postage	Claire Wilson			Utilities	Justin Wichman		
Outsourced Graphics	Claire Wilson			Continuous Education	Justin Wichman		
Special Events	Claire Wilson			Vacation Bible School	Justin Wichman		
Literature	Claire Wilson			Life Groups	Mark Anderson		
Travel	Justin Wichman			Sunday School	Nikki Rudack		
Background Checks	Justin Wichman			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						