

UPC Reimbursement Form

Purpose: Reimbursement of funds spent on approved items while working in a UPC ministry. This form is not to be used to request a check for a third party; or for services performed in childcare or other contract labor.

INSTRUCTIONS			PERSONAL INFORMATION		
<ul style="list-style-type: none"> > Itemize receipts on pg. 2, total receipts by expense type for each ministry, and attach > Bring totals to 1st page > Fill in Event and Ministry to Charge > Leader MUST sign > Place in Tanya Turner's mailslot 			Pay to the order of: _____		
			Street Address: _____		
			City, State, Zip: _____		
			Date Submitted: _____		
REIMBURSEMENT CANNOT BE PROCESSED WITHOUT SECOND SIGNATURE					
LINE	EXPENSE TYPE	EVENT or ITEM	MINISTRY TO CHARGE*	LINE	AMOUNT
1	Food for (specify):			1	
2	Food for (specify):			2	
3	Food for (specify):			3	
4	Supplies - Office			4	
5	Supplies (specify):			5	
6	Supplies (specify):			6	
7	Medical			7	
8	Postage/Shipping			8	
9	Repairs			9	
10	Printing (specify):			10	
11	Meetings/Appts			11	
12	Meetings/Appts			12	
13	Travel-Tolls & Gas			13	
14	Travel-Mileage			14	
15	Travel-Food/Lodge			15	
16	Other:			16	
19	Other:			19	
20	Other:			20	
21	Other:			21	
Total (add lines 1-21)			Total Reimbursement Amt:		

***Ministry List - you can write a short description instead if you're not sure which ministry below to us**

- | | | |
|--------------------------------------|-----------------------------|--------------------------|
| Advertising | Fellowship | Postage |
| Booktable | Foyer Event (specify) | Printing |
| Children - Programs (list VBS, etc.) | Joy Group | Vision Awareness |
| College Program | Kitchen | Women (specify event) |
| Communications (Newsletter) | Life Groups | Worship - Drama |
| Computers | Living Room Event (specify) | Worship - Greeting |
| Facility-Décor | Men (specify event) | Worship - Guest Speakers |
| Facility-Janitorial | Mercy-Deacons | Worship - Miscellaneous |
| Facility-Landscaping | Mercy-Manna | Worship - Music |
| Facility-Maintenance/Repairs | Missions | Young Adults |
| Facility-Miscellaneous | Office Mileage/Travel | Youth Missions |
| Facility-Parking | Office Supplies | Youth Program |

I indicate these expenses are being reimbursed for ministry associated with University Presbyterian Church.

Signature of Submitter: _____ Date: _____

Approver's Signature: _____ Date: _____

REIMBURSEMENT WILL NOT BE PROCESSED WITHOUT SECOND SIGNATURE

