

Office Use Only
Check # _____ Date _____



Church Expenses Reimbursement Form

*All reimbursement requests must be received no later than 14 days following an event.
Please staple receipts to this form. Incomplete expense forms will be returned to sender for completion.
PLEASE KEEP A COPY OF THIS FORM AND ALL RECEIPTS FOR YOUR RECORDS.*

Make Check Payable To: *(Please print neatly)*

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone: (____) _____ Email: _____

Reason for and Description of Expense:

Total Amount to be reimbursed: \$ _____

PLEASE KEEP A COPY OF THIS FORM & ALL RECEIPTS FOR YOUR RECORDS.

I certify that the above is a true statement, that the expenses claimed were incurred by me on official Hope Chapel business, and that I have attached original receipts for each expense.

Signature _____ Date _____

*Return completed form to D. Jae Lee or D. Yong Shin
Direct any questions to finances@hopechapelmd.com*