



REIMBURSEMENT VOUCHER

NOTE: To receive reimbursement, complete this form (including signatures) with the receipt(s) attached.

Ministry Authorization: _____
 Signature of Authorization: _____

Name: _____ Date: _____

Address: _____

City: _____ Phone: _____

Description of expense: _____

Amount of expense: _____

Account Code (circle one or write it in)

303 Bldg/Property	402- Office Expense	505 Social Events	521C Men's Ministry
305 Lawn Care	404 Postage	508 Youth Expense	521D Women's Ministry
312 Janitorial Supp.	405 Advertising	509 Children's Min.	521F Recovery Ministry
	413A Bus Expenses	520 Pastor Resources	525 Special Events
Designated Funds:		521 Adult Ministry	528 Worship Expense
Fellowship Fund		521A Relentless	533 Hispanic Ministry
Missions		521B Marriage	Other:

Submit to the church office in person or mail it to:
 New Hope Community Church
 1350 S. Highway 395
 Hermiston OR, 97838

“We exist to know God and glorify Him by making disciples of Jesus Christ.”