

**First Baptist Church  
Reimbursement Request Form**

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Date of Request: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Individual to be Reimbursed: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_

Or Apply to my Church Offering: \_\_\_\_\_

**Attach purchase receipts to this form.**

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purchase should be applied to the following church account(s) (example: church dinner, TEAM 316, Item repaired):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_