Ministry Reimbursement Request

Ministry:	
Ministry Leader:	
Requesting Person:	

Date of Request:

Please attach all receipts, or copies of your receipts.

RockFish Church
9949 Fayetteville Road
Raeford, North Carolina

28376
Phone: 910-875-5680
Fax: 910-875-2704
www.RockFishChurch.com

Date	Department Codes (please list each receipt separately)	Description of Purchase	Price	Tax	TOTAL

Comments:

TOTAL

Please check which is applicable: ☐ Reimbursement

☐ Charges

Ministry Leader Signature:

Please print form and sign.

Print Form

For Admin Use

Check #

Amount

Date Issued: