

**Tabor United Methodist Church  
Reimbursement Form**

Budget Code: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payee: \_\_\_\_\_ Amount

Reason: \_\_\_\_\_

Check will be:

- Mailed to (provide address) → \_\_\_\_\_
- Left at Office \_\_\_\_\_
- Hand Delivered \_\_\_\_\_

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

For Treasurer Use Only:	
Check #	Paid: