

**REIMBURSEMENT REQUEST FORM  
ST PAUL UNITED METHODIST CHURCH  
2949 DAVIES PLANTATION ROAD  
LAKELAND, TENNESSEE 38002-8215  
901-387-0007**

**DATE OF REQUEST:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**ACCOUNT TO BE CHARGED:** \_\_\_\_\_

**REQUESTOR/CHECK PAYEE:** \_\_\_\_\_

**PAYEE ADDRESS:** \_\_\_\_\_

(if check is to be mailed by Church Office)

**REASON FOR REIMBURSEMENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED BY:**

**SENIOR PASTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHURCH ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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