



Request for Reimbursement

Today's Date: _____

Name of person receiving reimbursement: _____

Hold check for pickup

Mail check to:

Address: _____

City: _____ State: _____ Zip: _____

Phone you can be reached at: _____

Date on *Receipt	Vendor	Account	Amount	Brief description /detail

***Please attach all receipts.**

TOTAL:	
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I certify that the expenses listed above were purchased on behalf of Daybreak Community Church or for a Daybreak Community Church authorized event.

Purchase Requested by : _____ Date: _____

Reviewed and authorized by: _____ Date: _____

Office Use Only
Date Paid: _____
Check# _____