

**West Covina Hills SDA Church
Reimbursement Form**

NAME: _____

TITLE: _____

TOTAL AMOUNT TO BE REIMBURSED: _____

MINISTRY FUND TO BE DEBITED: _____

**DESCRIPTION OF PURCHASED ITEMS AND DATES
PURCHASED:** _____

PURPOSE OF ITEMS PURCHASED: _____

DATE SUBMITTED: _____

**Receipts, or copies, must be attached. Upon receipt and approval by
treasurer, payment will be issued within one week.**