

# Mount Zion's Disbursement Form

Name: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ Date of This Form: \_\_\_\_\_

**\*\*IMPORTANT: PLEASE READ AND FOLLOW THESE DIRECTIONS\*\***

Give a DETAILED description of what this expense was used for and what ministry it supports so that the Treasurer will know which fund should be used for reimbursement. For reimbursements of purchases, include in your description the date of the transaction. Original invoices and/or sales receipts should be stapled to the back of this form. If the original invoices and/or sales receipts are not available, other clear and accurate documentation of expenses must be provided.

**\*\*PROPER DOCUMENTATION MUST BE PROVIDED IN ORDER TO BE REIMBURSED OR FOR THE AMOUNT TO BE ADDED TO YOUR GIVING\*\***

|                                |
|--------------------------------|
| <b>Description of Expense:</b> |
|--------------------------------|

**Check One:**

I want a check for the amount above       I want to apply the amount above to my tithing

**Signature** \_\_\_\_\_

\*Original Invoices Should Be Attached To This Form\*

Return completed form to the **Treasurers Mailbox** (Sandra Long) **for payment**

OR

**Financial Secretary Mailbox** (Heidi Chambers) **for tithing**

| <u>Treasurer Use Only</u> |       |
|---------------------------|-------|
| Check #:                  | _____ |
| Date:                     | _____ |