Hope Church Reimbursement Claim Form (over $100)

1. PURPOSE/MINISTRY		2. DATE
3. NAME	4. MAILING ADDRESS	5. TELEPHONE #

6. CHECK PREFERENCE	7. TOTAL (PLEASE ATTACH RECEIPT)
PLEASE MAIL CHECK ☐ I'LL COLLECT CHECK ☐	

8. EXPENDITURES (For our records, please provide an itemized record of your purchase)

ITEM	QUANTITY

FOR OFFICE USE

9. PAID BY	10. CHECK #
11. COMMENTS	12. DATE PAID