

## Hope Church Reimbursement Claim Form (under \$100)

|   |                           |   |
|---|---------------------------|---|
| <b>1. PURPOSE/MINISTRY</b>  |                           | <b>2. DATE</b>                          |
| <b>3. NAME</b>  | <b>4. MAILING ADDRESS</b> | <b>5. TELEPHONE #</b>                   |
| <b>6. CHECK PREFERENCE</b><br>PLEASE MAIL CHECK <input type="checkbox"/><br>I'LL COLLECT CHECK <input type="checkbox"/> |                           | <b>7. TOTAL (PLEASE ATTACH RECEIPT)</b> |
| <b>FOR OFFICE USE</b>   |                           |   |
| <b>8. PAID BY</b>   |                           | <b>9. CHECK #</b>                       |
| <b>10. COMMENTS</b>   |                           | <b>11. DATE PAID</b>                    |