Saving Grace Bible Church
2550 Englewood Rd.
Englewood, FL. 34223
(941) 474-1905

REIMBURSEMENT REQUEST

Date Submitted: _____

Name: _____
Address: _____
City: _____ Zip Code: _____

Total amount to be reimbursed: _____ Who approved expense? _____

Please write what each receipt is for (ex: VBS, K4T, Nursery, etc)
Please total all receipts, attach them to this form, and put in the wire rack in the Counting Office. Please scan top sheet and send to whichever elder/staff member approved the expense.

DESCRIPTION	TOTAL
SUBTOTAL	
TOTAL DUE	