

St. James United Methodist Church

Payment reimbursement form

Please circle one: Deliver to the following person Mail to the following address

Date _____

Name _____

Address _____

Description _____

Account Code to be charged _____

Amount _____

Signature of recipient _____

Approval (if needed) _____

*****Please be as specific as possible when noting description. All reimbursements must include receipts to be attached to be reimbursed. If mailing reimbursement, make sure their address is included on this form.**