South Hill church
A community of hope

REIMBURSEMENT REQUISITION

Date: _____

❑ please pay to: _____

OR

❑ issue donation receipt to: _____

The amount of: $ _____

*Approved By: _____

Signature: _____

*PLEASE NOTE:
Ministry team member / leader requires the signature of their Ministry Deacon
Elders and Deacons require the signature of another Elder or Deacon
Junior Pastors require the signature of the Senior Pastor
The Senior Pastor requires the signature of an Elder

Please attach all receipts to this form.
Forms submitted without valid receipts CANNOT be reimbursed.

Please make an itemized list of all receipts attached to this form:

Date	Item/Details	Ministry	Total	GST portion
		Totals:	$	$

Treasurer's Notes: