

Bethany United Methodist Church Reimbursement Request

Reimbursement for:

Payee _____

Address _____

City _____ State _____ Zip _____

Email Address* _____

* This is optional. When an email is provided, bill.com will invite you to set up an account so that your reimbursements can be deposited directly into your bank account and Bethany will not have to pay a check writing fee.

Date	Description of Purchase / Expense	Amount	Account / Fund to Charge

Total Amount _____

Please print:

Person Submitting* _____ Date _____

*If the person submitting is NOT a staff person, board member or team chair, THEN this request must be approved by one of those individuals. In that case, please indicate below who approved the request

Name _____ Role _____

Please attach ALL receipts with a paperclip (do NOT staple prior to scanning).

Scan in this order: 1st — This form

2nd — Receipts or other proof of expense

Scan per instructions to BethanyUMCAAdmin@Bill.com and then put in the "Accountant" mailbox.