

**Hopewell United Methodist Church**  
**Request for Reimbursement**

Date Requested \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Reimbursed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Reason for purchase \_\_\_\_\_

\_\_\_\_\_

Charge to Work Area \_\_\_\_\_

Additional comments \_\_\_\_\_

Please attach receipts.