Atonement Lutheran Church Expense Reimbursement Form



29617 State Road 54 Wesley Chapel, FL 33543 813.973.2211 www.atonementlutheran.net

Please complete in Full and Sign. All receipts must be attached. Expenses need prior approval from the ministry team leader. Submit this form to the Church Treasurer

Make check payable to:		——— 🛛 Other (please specify below)			
In the Total Amount o	f:\$				
Phone # (home/work/	/cell):				
This budget this expense should be applied to:Audio VisualChristian EducationFellowshipFood PantryOffice ExpensesOutreachPrayer and CaringSenior MinistriesSocial ConcernsSound Equip.TechnologyWELCAWorship / MusicYouth		I declare these are expenses I incurred on behalf of Atonement Lutheran Church and that this expense was approved by the ministry team leader. Please credit the budget account as specified and provide me reimbursement. Signature: Date submitted:			
Description of Expense		Date of expense	Amount	Receipt (Y/N)	

Treasurer use only							
Check #		Date		Amount			

If you are unable to submit a receipt, please attach a written explanation of the circumstances.