

# HOPE CHURCH REIMBURSEMENT REQUEST

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Expense Month: \_\_\_\_\_

Expense Code	Description	Amount

TOTAL REIMBURSEMENT

Ministry Leader  
Approval

Date

**Instructions:**

1. Please enter in your name, date you are completing the form and the month for the expenses (may be the same as the date month).
2. Please complete this form with as much detail as necessary to properly classify the expense. Expense codes are below for your convenience.
3. Attach supporting receipts or other documents for the church records.
4. Submit form and documents to Ministry Leader (or Elder if completed by Ministry Leader) for approval.

**Approver Instructions:**

1. Please review the reimbursement and ensure it is in line with your annual budget amounts, or is approved to go over the budget amount.
2. Approved forms should be submitted to the church Treasurer; checks will be cut promptly to the individual (within 1 week).

<i>Expense Codes</i>	<i>Category</i>
50000	Administration expense (including office supplies)
51000	Facilities/Maintenance
52100	Leadership Development
52500	Adult Ministry
52510	Men's Ministry
52520	Women's Ministry
52530	Small Groups
52600	Childrens Ministry
52700	Fellowship Ministry (including Hospitality, Nursery supplies, Prayer)
52800	Youth Ministry
52900	Worship Ministry
57000	Missions
61000	Miscellaneous
61600	Deacon's Fund (Requires Elder Approval)