Meadowbrook Church of God - REIMBURSEMENT ACCOUNT REQUEST

To complete this request form:

1. Fill in the requested information about yoursel
2. Itemize your eligible expenses (to be eligible the expense cannot be paid by another sourc
3. Fill in the dollar amount of the reimbursement you are requestin
4. Attach copies of receipts or statements which include dates of service, cancelled checks or proof of payment
5. Sign and date the form and make a copy for your records before giving to the Treasure

_____

(Name of Person Requesting Reimbursement)

Provider Name	Type of Expense (What Budget to take it out of)	Date of Service	Name of person receiving treatment	Total Expense	Amount Others Paid	Amount Paid by You

I request a reimbursement of : _____ for the expenses itemized above.

I certify that the above are eligible expenses which have not been or cannot be reimbursed by any other sourc

Signature _____ **Date:** / /