

Maryland Gospel Church

Form T-1. v.Feb. 2019

Request for Reimbursement Form

Applicant Name: _____

Item(s):

| Description | Cost |
|-----------------|------|
| | |
| | |
| | |
| Cash in Advance | |
| Total | |

Purpose/Justification: _____

Provider: _____

Attachments:

Receipt(s):

Request for Cash-in-Advance Form if applicable

Approval of Ministry Coordinator:

Name: _____ Signature: _____ Date: _____

Approval of the Chair for Governing Committee (if the cost is over \$500)

Name: _____ Signature: _____ Date: _____

Fund Distribution /or Return:

Treasurer /or Cash-in-Advance applicant:

Name: _____ Signature: _____ Date: _____

Receiver:

Cash: _____ Check No. _____ Payable to: _____

Name: _____ Signature: _____ Date: _____

Office use only: Document Control Number: T1-_____