

New Life Holiness Church of God in Christ
Reimbursement Request Form

Name: _____ Phone number: _____

Date _____

Reimbursed Requested for	Amount	Purpose of purchase	
	\$		
	\$		
	\$		
	\$		

Total amount to be reimbursed: \$ _____
(Receipts and/or Valid proof must accompany this request)

FINANCE OFFICE ONLY *(below this line)*

Approved by: _____ *Date:* _____

This request has been DENIED because

Signature _____