

UNITY CHRIST CHURCH OF WILMINGTON
Reimbursement Request

Check Payable To (Print): _____

Address of Recipient: _____
(Street, City, State, Zip)

Please apply this expense to my tithe statement.

<u>Description of Expense</u>	<u>Amount</u>	<u>Account (i.e., Prayer)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount \$ _____

*****Attach receipts to this form.*****

Name of Preparer _____

Date _____

Signature of Preparer _____

Phone #: _____

Signature of Ministry Chair _____