

VICTORY CHRISTIAN CHURCH
REIMBURSEMENT FORM

PLEASE READ BEFORE COMPLETING:

An approved Purchase Order must be issued and received before items can be purchased or ordered. If you do not have a Purchase Order number to reference on this form, please contact your leader.

PLEASE PRINT

1. Date: _____
2. P.O. # _____
3. Name: _____
4. Team: _____
5. Item(s) Purchased: _____

6. Total Amount: \$ _____
(original receipt to accompany this form)
7. Check(s) made payable to: _____
Mailing Address: _____
City/State/Zip: _____
8. Please indicate how your reimbursement check is to be handled:
() Picked-Up () Mailed () Same Day Pick-Up