WILDFLOWER CHURCH
REQUEST FOR PAYMENT OR REIMBURSEMENT

Name and Address of Person To Be Paid [please print]:

_____
_____
_____
_____

Itemization of Expenses

Date Expense Incurred or Payment Due	Vendor/Description	Department/ Team	Budget Code	Purpose	Amount
				TOTAL	

Please attach receipts to back of form and mail to Wildflower Bookkeeper, P O Box 40395, Austin, TX 78704.

I certify that the above expenses were incurred for valid church reasons.

Signature: _____

Printed Name: _____
[if different from person paid]

Date Submitted: _____

Approval Signature: _____ Date:_____

Title: _____