

One Church Covenant Fellowship
918 Person Street
Fayetteville, NC 28301



Reimbursement Form

Reimbursement Form

Name: _____

Department: circle one: Praise/Media, Children's Ministry, College, Worship, Admin, Missions/Outreach,

Misc. Other: _____

Purpose: _____

Amt: _____ Date: _____

Signature approval from leader of department associated with purchase: _____

Finance Committee signature#1: _____ Date: _____

Finance Committee signature#2: _____ Date: _____

Your reimbursement check will be available within _____. Thank you for serving Him!

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Note: No member will be reimbursed for any purchases that were not pre-approved by Senior Pastor or Bishop. Reimbursements will be done by check only and will take place within a monthly close out period.