



Reveille United Methodist Church
4200 Cary Street Road
Richmond, VA 23221
phone: (804) 359-6041 fax: (804) 359-6090
www.reveilleumc.org

Expense Reimbursement and Payment Request Form

Pay to: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date requested: _____ Date needed: _____

Be sure to staple or paperclip supporting receipts and invoices behind this form

Expense Date	Item(s)	Ministry or Event	Authorized By (Staff Member)	Amount	Account Code
Total					

Distribution of Payment:

☐ Mail to above address ☐ Hold for pick up by payee

☐ Return to: _____

Requested by: _____

Requester's signature

Approved by: _____

Ministry director's signature

Frequently Used Account Codes

5205-03 Worship Supplies
5258-03 Sunday Evening Food - Children
5310-03 Friends of the Homeless Hot Meal
5310-05 Friends of the Homeless Bag Lunch
5316-03 Swansboro Community Ministries
5317-03 UMFS
5513-03 Coffee Fellowship
5530-05 Vacation Bible School
5530-07 Kids Camp

If you do not know the account code for an expense, leave the "Code" field blank.

Please request reimbursement within 30 days of expense date whenever possible, and no later than 60 days after expense date.

All expenses must be pre-authorized by the staff member who directs the ministry.

Receipts must not include any personal expenses.

Do not use tape to attach receipts. Do not use highlighter on receipts.

Drop off completed form with supporting receipts to the administrative assistant in the church office or email to administration@reveilleumc.org.

If emailing form and receipts, a PDF or clear photo of the receipt is acceptable in place of the paper receipt.

In order to issue a payment check, Reveille UMC must have a federal form W-9 on file for the payee.

Questions? Contact the staff member who directs your ministry, or the financial administrator (finances@reveilleumc.org or 359-6041).

Revised 7/28/2023