

ATTACH RECEIPTS HERE



REIMBURSEMENT REQUEST

Ministry Dept. _____ Date ____/____/____

Event _____

Check Payable To:

Name: _____

Address: _____

City & State: _____ Zip: _____

Description of Expense:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Requested	\$ _____

Requested By: _____
Signature *Position*

Approved By: _____
Signature *Position*

Date Approved ____/____/____

Send Request To:
Oregon Pacific District
Church of the Nazarene
PO Box 217
Lebanon, OR 97355
Or Email To:
lauralehman@orpac.org