

Cornerstone Church of Silicon Valley Reimbursement Form

Date (mm/dd/year): _____ / _____ / _____

Sub-Committee: Admin Caring-Board Education Missions Worship
(Please circle one)

Description: _____

Requestor: _____

Amount: _____

Payable To: _____

Signature: _____

Signature (Approval): _____

Note: All reimbursement requests that exceed \$200.00 must be approved & signed for by the head of the sub-committee that incurred the expense.

Office Use Only

Authorization _____ Date Issued ____/____/____

Check Amount \$ _____ Check Number _____