

TRINITY FELLOWSHIP ASSEMBLY OF GOD, INC.  
1100 ROLLING HILLS DRIVE  
FAYETTEVILLE, AR 72703

**REIMBURSEMENT REQUEST**

**Amounts over \$100.00 must be pre-authorized. Pre-Authorization forms are attached to this Reimbursement Request for your convenience. Thank you.**

DATE: \_\_\_\_\_  
DEPARTMENT OR ACCOUNT TO BE CHARGED: \_\_\_\_\_  
NAME OF PERSON TO BE REIMBURSED: \_\_\_\_\_  
(PLEASE PROVIDE ADDRESS IF YOU WISH THE CHECK TO BE MAILED;) \_\_\_\_\_  
\_\_\_\_\_

PURPOSE OF EXPENSE (ATTACHED RECEIPTS)	AMOUNT
-	
-	
-	
-	
-	

TOTAL \$ \_\_\_\_\_

The above funds were pre-approved and disbursed for church related purposes and I hereby request repayment. Appropriate receipts are attached.

\_\_\_\_\_  
Signature

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THIS FORM MUST BE IN THE CHURCH OFFICE NO LATER THAN MONDAY OF THE WEEK CHECK IS DESIRED.