

CENTRAL BAY DISTRICT VOUCHER FOR REIMBURSEMENT

Receipts **MUST** be included for payment

DATE:

Admin & Office	Community Connection	Mission
Children's Ministry Cont. Ed.	District Conference	Treasurer
Children's Ministry Travel	DS Discretionary	Web Master
Children's Programs	Lay Servant Ministry	Young Adult Ministry
Church Ministry Grants	Ministry Continuing Education	Youth Ministry
Care Team		
(PLEASE CIRCLE LINE ITEM)		AMOUNT

PAY TO:

ADDRESS:

DESCRIPTION:

Person requesting funds SIGN DATE APPROVAL BY Team Chairperson / DS SIGN DATE	Request for reimbursement? Amount: \$ Request for use of credit card? Amount: \$ Request for check to be sent to vendor? Amount: \$
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MUST BE SIGNED AND DATED

RETURN TO Central Bay DISTRICT OFFICE

PO Box 5386

Saginaw, MI 48602

989-793-8838

trice@michiganumc.org