

# Toulminville-Warren-Street United Methodist Church

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**Frederick G. Outlaw, Pastor**

## Request Purchase/Reimbursement/Honorarium

**Date of Request/Reimbursement:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

(Please include mailing address for initial request/reimbursement, to be entered into the computer system.)

Update when needed \_\_\_\_\_

**Address Needed only once!!!** \_\_\_\_\_

**Issued To:** \_\_\_\_\_

**Check No.** \_\_\_\_\_

(For Office Use Only)

**For:** \_\_\_\_\_ **Purchase** \_\_\_\_\_ **Reimbursement** \_\_\_\_\_ **Honorarium**

### Purchase Item(s)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total + Tax</b>	<b>\$ _____</b>

**QUANTITY** \_\_\_\_\_ (Bill, Statement, Voucher, Receipt must be attached)

**COST PER ITEM \$** \_\_\_\_\_ (For Office Use Only) **Amount Issued \$** \_\_\_\_\_

(For Office Use Only) **Amount Spent \$** \_\_\_\_\_

(For Office Use Only) **Amount Returned \$** \_\_\_\_\_

**Reason for Purchase/Reimbursement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----**For Office Use Only**-----

**Line Item:** \_\_\_\_\_ **Account:** \_\_\_\_\_

**Work Area Coordinator's Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Frederick G. Outlaw, Pastor** \_\_\_\_\_ (initials) **Date** \_\_\_\_\_

**James A. Childs, Finance Committee Chairman** \_\_\_\_\_ (initials) **Date** \_\_\_\_\_

**Monitoring Team**(Barbara Vaughan, Adrian Lang, Geneva Hogan) \_\_\_\_\_ (initials) **Date** \_\_\_\_\_

**Fannie Brown, Day Care Director** \_\_\_\_\_ (initials) **Date** \_\_\_\_\_

**Not Reimbursable if not submitted within thirty (30) days.**