Accounts Payable
Reimbursement Procedure

A General Request Reimbursement Form (Attachment A) will be provided for all staff and ministry team leaders to provide to people requesting reimbursements. It will be the leader's responsibility to look at the Balance Sheet and/or Revenue & Expense Reports for code information and to approve the request.

Reimbursement requests must have:

- Original documentation (this would include receipts and proof of purchase by reimbursement requestor). If you do not have original documentation, a missing receipt(s) form (Attachment B) should be completed and submitted with the request.
- Account description(s)
- Account number(s)
- Amount for each account
- Payable to name (and address, if check is to be mailed)
- Description of purchase
- Requestor's signature
- Approver's signature

Reimbursement requests lacking complete information will be returned to the requester or leader (with the reason for the return) *via* staff mailbox or mail, unless otherwise specified. **Incomplete information will cause a delay in processing your request.**

Reimbursement requests will be date stamped upon receipt.

Reimbursement requests received by Monday will be processed by Friday of the same week. All others will be prcessed on the following week. A notification that the check is ready can be sent out to you if specified on request.

All reimbursements will be put in a staff mailbox, if reimbursement is to a staff member, or mailed out to the address listed on the request.

CHECK REQUEST AND EXPENSE REIMBURSEMENT FORM

TRINITY CATHEDRAL CHURCH

MINISTRY TEAM:

Account Description	Account Number	Amount	√	Request Date:
				PAYABLE TO:
				Name:
				Address:
				Description
				Requestor Signature
				Approval Signature
				Special Instructions

LOST OR MISSING RECEIPT AFFADAVIT

I certify the receipt supporting Trinity Cathedral Church purchases described below totaling $_____have been lost or are otherwise unattainable. I attempted to obtain duplicate receipts and have been unsuccessful. Any other available supporting documentation is attached to this affidavit.

Items purchased were:

Vendor/Description	Date	Quantity	Amount

(If needed, attach additional lines)

I verify that the undocumented expenses are approved, legitimate Church expenses. I have attempted to get the following (mark all that apply):

- ☐ **Duplicate Receipt**
- ☐ **Other supporting purchase documentation from vendor**

_____ _____ _____
Signature of Purchaser **Phone** **Date**

_____
Printed Name of Purchaser

_____ _____ _____
Signature of Supervisor **Phone** **Date**

_____
Printed Name of Supervisor

(Note: the supervisor signing this affidavit cannot be the same person who is to be reimbursed)