

**Zion Lutheran Church
Payment/Reimbursement Form**

Date: ____/____/____

ACCOUNT NO. _____

Description of Expense: _____

Committee: _____

Amount of Expense: \$ _____

Reimbursement to Member: _____

Or

Payment to Business: _____

Submitted by: _____ Phone # ____ - _____

Committee Chair: _____

Committee Chair Approval Signature: _____

Assistant Treasurer: _____

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Treasurer's Use

Date Paid: ____/____/____

Check #: _____

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