

ATTACH RECEIPTS HERE



REIMBURSEMENT REQUEST

Ministry Dept. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Event \_\_\_\_\_

**Check Payable To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Description of Expense:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Requested	\$ _____

Requested By: \_\_\_\_\_  
*Signature* *Position*

Approved By: \_\_\_\_\_  
*Signature* *Position*

Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send Request To:**  
Oregon Pacific District  
PO Box 217  
Lebanon, OR 97355  
or  
[lauralehman@orpac.org](mailto:lauralehman@orpac.org)