



CEDARCREEK COMMUNITY CHURCH

2020 Reimbursement Form

Check Amount: _____ (For Office Use Only)
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Check Number: _____ (For Office Use Only)
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Reimbursement to: _____ Phone: _____

Address, City, State, Zip: _____

Ministry	Item(s)	Vendor	Date	Amount
Total				

- 1) Due to State clarification you will need to pay sales tax, unless you are paying with a church check or credit card.
- 2) Attach all receipts (use originals) to the back of this form. Are all receipts attached? (Circle one) **Yes / No**
- 3) Is this reimbursement over \$50? If yes, the Budget Leader must sign and print their name below.

Budget Leader Name (*Print*)

Reviewed and Reimbursed by:

Budget Leader Signature *Date*

Signature *Date*

<i>Budget Category</i>	<i>Leader</i>
Building Maintenance	Don Bredle
Awana	Ryan & Nikki Rudack
Business Meals	Rob Gerber
Food and Beverage	Kim Johnson
Landscaping/Gardening	Kim Johnson
Janitorial Supplies	Kim Johnson
Lawn care	Justin Wichman
Utilities	Justin Wichman
Men's Ministry	Justin Wichman
Copier	Justin Wichman
Building Projects/New Equipment	Justin Wichman
Telecom	Justin Wichman

<i>Budget Category</i>	<i>Leader</i>
Sunday School/VBS	Lisa Paullin
Nursery	Abi Waltzer
Music Team	Aaron Huggins
Life Groups	Mark Anderson
Office Supplies	Nancy Zellinger
Decorating	Nancy Zellinger
Travel	Nancy Zellinger
Postage	Nancy Zellinger
Printing	Nancy Zellinger
Special Events	Nancy Zellinger
Background Checks	Nancy Zellinger
Literature	Nancy Zellinger