

# Toulminville-Warren Street United Methodist Church

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**Donald F. Smith 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!!!

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

Issued To: \_\_\_\_\_ Check No. \_\_\_\_\_

For:  Purchase  Reimbursement  Honorarium

Purchase Item(s)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total + Tax \$ \_\_\_\_\_

QUANTITY \_\_\_\_\_ (bill, statement, voucher, receipt must be attached)

COST PER ITEM \$ _____	Amount Issued \$ _____
	Amount Spent \$ _____
	Amount Returned \$ _____

Reason for Purchase/Reimbursement:

\_\_\_\_\_

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

Authorization:  yes  no

Yolynda Denice Scott, Business Manager \_\_\_\_\_ (initials) Date \_\_\_\_\_

Harold C. Eaton, Chairman, Finance Committee \_\_\_\_\_ (initials) Date \_\_\_\_\_

Donald F. Smith, Pastor \_\_\_\_\_ (initials) Date \_\_\_\_\_

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