

Potter's Christian Fellowship  
Ministry Reimbursement Form

Ministry/Event: \_\_\_\_\_

	<u>Description</u>	<u>Amount</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
		Total <u>      </u>

\*Please attach receipts for each item listed. If none available  
give an explanation on the back of this form.

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Please mail

\_\_\_\_\_ Will pick up at the church office