



P. O. Box 7145
 20 Bliss Road NW
 Ocean Isle Beach, NC 28469
beachag@atmc.net

Reimbursement Form

Individual to be Reimbursed: _____

Please specify if reimbursement check will be _____ picked up or _____ mailed. If mailed, please provide mailing address. _____

Vendor	Purchase Date	Department/ Category*	Total
Total Amount to be Reimbursed*			

Please attach all receipts listed above.

By signing this reimbursement form, I certify that the expense(s) listed above are accurately recorded and represent only expenditures made for Beach Assembly of God purposes.

*Any single purchase of more than \$300 will require Board approval.

Signature: _____ Date Submitted: _____

Reimbursement checks will be issued Thursday of each week.

*Benevolence, Cell Phone, Children's Ministries, Hospitality, Janitorial Supplies, Kitchen Supplies, LiveStream, Young Adults, Youth, etc.