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Date Paid:

Reimb	oursement F	orm	DATE:		
Member Name			Ministry/Department		
Nethod of Reiml		☐ Credit my KMC Statem	nent of Giving		
Vendor	Category/Expense Account	Descripti	on	Amount (\$)	Budgeted Fund? (Y/N)
			Total:	\$0.00	
Approved By Signature:				Date:	
nance Team Only					

Check#: