



Westside UMC

Reimbursement / Disbursement Form

Check payable to: _____

Address: _____

Amount: \$ _____

For the following purpose:

Notes and/or special instructions:

Fund Account (if known): _____

Requestor's Signature: _____

Phone or Email: _____ Date: _____

Staple detailed, original invoices, receipts and/or other documentation as required by Westside UMC disbursement policy to this form. Incomplete requests will be returned.

Please submit request within 60 days of purchase.

Put completed form in the bookkeeper's inbox.

Office Use Only

Approved: _____ Date: _____