

Destiny Reimbursement Form:

Name (First & Last): _____

Address: _____

City: _____ State: _____ Area Code: _____

Phone Number: _____

MAKE CHECK PAYABLE TO: _____

AMOUNT: _____ DATE: _____

ACCOUNT / MINISTRY TO BE CHARGED: _____

APPROVED BY: _____

(SIGNATURE of person submitting this form)

(Date signed)

PLEASE ATTACH RECEIPTS

Reimbursement cannot be given without receipts.

(Please remit the form to the Destiny Church Office)