

First United Methodist Church  
Lakeland, Florida

**ACCOUNTABLE REIMBURSEMENT EXPENSE REPORT**

Name: \_\_\_\_\_ For month ending: \_\_\_\_\_

Date Requested: \_\_\_\_\_ By: \_\_\_\_\_

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**Current Period Expenses:**

- Automobile \$ \_\_\_\_\_
  - Office supplies/postage \_\_\_\_\_
  - Office equipment/computer software \_\_\_\_\_
  - Books/subscriptions/periodicals \_\_\_\_\_
  - Professional Dues \_\_\_\_\_
  - Religious materials/vestments/gifts \_\_\_\_\_
  - Continuing education/seminars \_\_\_\_\_
  - Entertainment related to church \_\_\_\_\_
  - Travel fares/lodging/meals \_\_\_\_\_
  - Miscellaneous \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_

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*To be completed by Accounting Services Department*

Vendor #	_____
Inv Date	_____
Inv #	_____
Inv Amt	_____
Due Date	_____
Comment	_____
Acct #	_____
Amt	_____
Approved By	_____
Date	_____

<b>REPORT TO PASTOR:</b>
A check for your recent reimbursement request is attached. Including this payment, the balance of your Accountable Reimbursement Account is:
\$ _____