



New Life Lutheran Church
 4380 Wakonda Drive
 Norwalk, IA

Reimbursement Request Form

Name: _____

Date: ____ / ____ / ____

Total \$ _____

Break-down by Expense Category

	<u>\$ Amount</u>		<u>\$ Amount</u>
<u>Building</u>		<u>Salary and Benefits</u>	
<input type="checkbox"/> Building and Grounds	_____	<input type="checkbox"/> Auto Expenses	_____
<input type="checkbox"/> Office Supplies	_____	<input type="checkbox"/> Continuing Education	_____
<input type="checkbox"/> Other Supplies - Custodial	_____	<input type="checkbox"/> Professional Expense (Conferences, Books, etc)	_____
<input type="checkbox"/> Postage	_____	<u>Stewardship</u>	
<input type="checkbox"/> Printing Equip & Supplies	_____	<input type="checkbox"/> Evangelism	_____
<u>Education</u>		<input type="checkbox"/> Stewardship Materials	_____
<input type="checkbox"/> Adult Education	_____	<u>Worship Benevolence</u>	
<input type="checkbox"/> Sunday School	_____	<input type="checkbox"/> Convention	_____
<input type="checkbox"/> General Education	_____	<input type="checkbox"/> Music	_____
<input type="checkbox"/> Confirmation	_____	<input type="checkbox"/> Worship Supplies (Includes Board of Worship)	_____
<input type="checkbox"/> Vacation Bible School	_____	<input type="checkbox"/> After School Program	_____
<u>Membership Services</u>		<input type="checkbox"/> Outreach	_____
<input type="checkbox"/> Advertising	_____	<u>Other</u>	
<input type="checkbox"/> Church Life	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Youth Programming	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Youth Scholarships, Materials, Trips	_____		

For Office Use Only:
 Date Reimbursed: _____ Check Number: _____

Please fill out this form, attach receipts and leave in Anna Lund's mail box (in the office).
 You may also scan and e-mail this form and the receipts to Anna at: treasurernllc@gmail.com