

SAFER WORSHIP GRANT

Account Number  
COVID SUPPLIES



DATE

TOTAL SUPPLY SPEND  
\$

66% REIMBURSEMENT  
\$

PAY TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHECK

ACH if available

DESCRIPTION OF EXPENSE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHURCH \_\_\_\_\_

CHURCH AUTHORIZED SIGNATURE \_\_\_\_\_

DISTRICT AUTHORIZED SIGNATURE \_\_\_\_\_

*Please include invoices and supporting documents*

**PROCESS**

1. Buy approved supplies, save receipts.
2. Complete reimbursement form, attaching receipts.
3. Email form and receipts to District Office for confirmation of financial need and approval.
4. Await reimbursement 2/3 amount spent from Conference Treasurer's office.