



WINMINISTRIES.ORG



956.507.4109



PO BOX 530044
HARLINGEN, TX 78553

REIMBURSEMENT REQUEST FORM

Employee Name: _____

Purpose of Expenses: _____

List each expense individually below, listing unit price if applicable. Include any sales taxes or shipping fees as a separate line-item.

Expense and Purpose	Unit Price	Total Price
Grand Total of Requested Reimbursement:		

Initial in ink and attach all receipts and/or PAID invoices on the back of this form. Ensure that the purchase date is clearly visible on each receipt and invoice.

Employee Signature: _____

Date: _____