



Mount Olive Women of the ELCA Reimbursement Request

This Form is for Women of the ELCA Members to request pre-approved reimbursement from the WELCA Treasurer.

Date submitted: _____

Pay to: _____

Amount Requested: _____

Phone/email (if ??s) _____

Church Mailbox # _____

- Copy of receipts must be attached for reimbursement.
- If requesting from more than one fund, please list specific amount from each fund or use separate requests.
- Reimbursement may take a couple weeks to be processed.
- All requests over \$250 need co-signing by both WELCA Treasurer and President.
- Place this request in the WELCA President mailbox in the Church Office.

WELCA Fund:

- Quilters
- Lutheran World Relief
- Child Care
- Fundraising Event Expense _____
- Other _____

Please provide brief description of request. If this is an event reimbursement, please also submit an Event Report to WELCA President.

For use by WELCA Treasurer & Mount Olive Treasurer

WELCA Treas. signature _____ WELCA President signature _____
(If amount exceeds \$250)

Date submitted to Mount Olive Treasurer _____

Date of check to requestor by Mount Olive Treasurer _____

Mount Olive Treasurer: Please return this to the WELCA President mailbox in the Office