

# Reimbursement Form

Financial Leadership *Empowered by the Lilly Endowment*

Application Number:	Finance Number:

*For Office Use Only*

Please mail to:  
The Evangelical Covenant Church  
Attn: Financial Leadership  
8303 W. Higgins Rd.  
Chicago, IL 60631

Reimbursement requests must be made within 10 weeks following a grant experience, or reimbursement may not be issued. Please attach **original receipts** for all expenses. Please remember we do not reimburse mileage, only fuel costs with receipts. Reimbursement form must be accompanied by an evaluation form.

Name: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Total Cost of Event:	\$ _____
Cost Reimbursed by Your Church or Organization: <i>Informational Purposes Only</i>	\$ _____
Other Reimbursements: <i>Informational Purposes Only</i>	\$ _____
Financial Leadership Award Amount:	\$ _____
Total Financial Leadership Award:	\$ _____

**Please itemize your expenses here. If you need additional space, please use the back of this sheet.**

	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>Total Expenses:</b>	\$ _____