

REIMBURSEMENTS FOR WOMEN'S MINISTRY EVENTS REQUEST FOR FUNDS FORM INSTRUCTIONS

Requests for reimbursement of authorized purchases require a completed Request for Funds form (**RFF**) with detailed receipt(s) plus one copy of the set. Multiple receipts for the same event from the same person may be attached to a single RFF. The RFF must be signed by *the Team Facilitator or Quarterly Coordinator* before submitting it to WM Treasurer for payment. Forms are GREEN and are located in the kitchen and in the mailbox area.

The total reimbursement for an event must be within the budget amount specified by the Advisory Team unless prior special approval has been given.

Effective 01/01/2025:

- Monthly Luncheons: \$6.00 per person for food, \$75.00 for incidentals
- Monthly Women's Coffee: \$50.00

The Request for Funds form, receipt(s) and copy must be turned in to the Team Facilitator (or in her absence, the Quarterly Coordinator) no later than the day after the event. The Team Facilitator checks for accuracy (correct receipts are attached, amounts add up to the amount on the RFF), then signs the RFF.

The signed RFF with receipts and copy are then submitted to the Advisory Team Treasurer (or in her absence, the Advisory Team Lead) for final signature and submission to the Church Administrator for payment. The RFF, receipts and copy may be placed in the Treasurer's mailbox at church.

Reimbursement checks are sent by mail to the address provided on the RFF form within 2-3 weeks. Note: checks arrive in a nondescript envelope (doesn't have "Fairway" on it), so keep watch for it.

REQUEST FOR FUNDS

Today's Date: 4/18/25

Person Requesting Fund: Jane Doe

\$ Amount Needed: \$146.29

Area that Funds are Needed For:
Women's Ministry - April Luncheon

All receipts, invoices, and other documents must accompany this request and
Date Check is Due: ASAP

Make Check Payable to: Jane Doe

Address: 123 Ave. Ct.

City, State, Zip: The Village, FL 32169

Comments:
LUNCHEON FOODS

TEAM FACILITATOR OR QUARTERLY COORD.

→ Authorized By: _____

Administrator: _____