



# Leesburg Presbyterian Church

## Reimbursement Form

Pay to: \_\_\_\_\_

Date \_\_\_\_\_

Amount: \_\_\_\_\_

Address if want mailed: \_\_\_\_\_

Requested by (Name) \_\_\_\_\_

Check needed by (Date) \_\_\_\_\_

Place in folder of: \_\_\_\_\_

Administration	Amount
201-5310 Supplies	_____
201-5315 Postage	_____
201-5325 Office Eqpt	_____
201-5335 Computer Support	_____
201-5345 Pastoral Search	_____

Christian Education	Amount
301-5500 Curriculum Materials	_____
301-5510 Classroom Supplies	_____
301-5520 Vacation Bible School	_____
301-5530 Bibles	_____
301-5540 Church Mission Project	_____

Youth	Amount
350-5700 Senior High School	_____
350-5720 Middle School	_____
350-5760 Mission Trip	_____

Mission & Witness	Amount
601-6100 United Mission	_____
601-6105 National Mission	_____
601-6110 Local Mission	_____
601-6120 Malawi Mission	_____
601-6125 Benevolence Outreach	_____

Stewardship	Amount
450-5500 Offering Envelopes	_____

Deacons	Amount
701-6301 Easter / Christmas	_____
701-6302 MANNA Dinner	_____
701-6305 Picnic / Fall Festival	_____
701-6310 Retreats	_____
701-6315 Miscellaneous	_____
701-6350 Kitchen Supplies	_____
701-6401 Child Care Supplies	_____
701-5610 MA! Expenses	_____

E & M	Amount
501-6000 New Members	_____
501-6005 Current Members	_____
501-6011 Print Advertising	_____
501-6012 Visitor Relations	_____
501-6013 Postcards & Mailings	_____
501-6014 Website	_____
501-6020 Leadership Training	_____
501-6025 Membership & Programming	_____
501-6030 Classes	_____

Pastoral	Amount
101-5004 Travel	_____
101-5006 Continuing Ed. / Books	_____
101-5007 Hospitalization	_____

Property	Amount
250-5430 Maint & Service	_____
250-5440 Custodial Supplies	_____
250-5450 Equipment & Capital	_____

Worship	Amount
401-5800 Choral Music	_____
401-5810 New Eqpt & Child. Music	_____
401-5900 Pulpit Supply	_____
401-5915 Vestment Cleaning	_____
401-5920 Resources & Supplies	_____
401-5930 Sanctuary Flowers	_____

Session	Amount
801-6000 Business	_____

Accounting Only	Amount
_____	_____

Note: Please staple receipt(s) to the **back** of reimbursement form. If you have any questions, please contact Julie Gross at [jgross@lpcva.org](mailto:jgross@lpcva.org).

Explanation of Items \_\_\_\_\_

\_\_\_\_\_  
Committee Chair Approval Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair Approval Signature

\_\_\_\_\_  
Date