First Lutheran Church of Manhattan Beach

Reimbursement Request Form - FY 2027 (Sep 2026 - Aug 2027)

Name _____ Date Submitted _____

Ministry / Program / Event _____ Phone / Email _____

1. CHECK THE BUDGET LINE(S) THIS REQUEST APPLIES TO

6150 Administration

- ☐ 6152 Office Supplies & Expenses
- ☐ 6154 Worship Materials
- ☐ 6155 Copier
- ☐ 6156 Computer & Network
- ☐ 6158 Guest Pastors
- ☐ 6159 Subscriptions
- ☐ 6160 Payroll Services

6200 Music Program

- ☐ 6210 Music Purchases
- ☐ 6212 Music License Fees
- ☐ 6214 Tuning & Supplies
- ☐ 6220 Guest Musicians

6250 Elders Other Expenses

- ☐ 6251 Communion Supplies
- ☐ 6252 Conventions & Cont Ed
- ☐ 6254 Fellowship
- ☐ 6255 Relief Fund
- ☐ 6256 Professional Fees
- ☐ 6257 Our Savior Development
- ☐ 6260 Altar Flowers

6300 Connection Events-Youth Activities

- ☐ 6311 Meals - Shining Stars
- ☐ 6312 Curr & Supp - SS
- ☐ 6313 Children's Church
- ☐ 6330 NextGen Activities

6350 Trustees

- ☐ 6351 Church Maintenance
- ☐ 6352 Parsonage Maintenance
- ☐ 6353 Utilities & Prop Tax
- ☐ 6354 AV System

6400 Finance

- ☐ 6410 Liability and Workmens Comp Insurance
- ☐ 6412 Convention Assessment
- ☐ 6413 District Pledge
- ☐ 6415 Supplies & Postage
- ☐ 6416 Bank Fees

6450 Connection Events-Community

- ☐ 6451 Christmas Concert/Market
- ☐ 6452 Recognition Gifts
- ☐ 6453 Family Sundays
- ☐ 6454 Donuts & Coffee
- ☐ 6455 Comm Outreach
- ☐ 6456 Care Company
- ☐ 6457 Trunktoberfest
- ☐ 6458 Movie Night

6500 Connection Events-Adult Ed

- ☐ 6501 Adult Education
- ☐ 6502 Confirmation
- ☐ 6504 Recognition & Awards

6590 Pastor Discretionary Fund

- ☐ 6590 Pastor Discretionary Fund

2. EXPENSE DETAILS (attach itemized receipts)

DATE	VENDOR / DESCRIPTION	BUDGET CODE(S)	AMOUNT ($)
		TOTAL REQUESTED	**$**

I certify these expenses were incurred on behalf of First Lutheran Church, are supported by the attached receipts, and have not been reimbursed elsewhere.

Requester Signature _____ Date _____

FOR OFFICE USE ONLY

Business Manager Approval _____ Date Approved _____ Check # _____ Date Paid _____

☐ **OVER BUDGET:** Paying this request would cause a budget line to be exceeded - Treasurer approval is required before payment.

Treasurer Signature (required only if over budget) _____ Date _____