

Camp Hill UMC
Request for Reimbursement (Safe Sanctuaries)

You may choose to pay for the cost of your clearances or you may request reimbursement from the ministry you serve. If you wish to be reimbursed, please complete and return this form when you provide your clearance documents. Thank you.

Attention: Georgia Reisinger

Date _____

Name & Mailing Address _____

I am serving in _____ ministry.

Amount to be reimbursed _____

Signature

Thank you for being part of the ministries of CHUMC!

Office Use _____