Expense Reimbursement Form

INDIVIDUAL NAME

ADDRESS

DATE

Reason for Purchase

Itemize Expenses

|  |  |  |
| --- | --- | --- |
| Item | Date | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Attach detailed receipt/invoice to form (Credit card receipts are not sufficient).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of requesting individual Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of authorizing individual Date

Authorizing individual may be the Church secretary or the Church Pastor.