



Name: \_\_\_\_\_

Date: \_\_\_\_\_

I request reimbursement for expenses in which I incurred for the church.

Department (if applicable): \_\_\_\_\_

Date	Vendor/Supplier	Description/Explanation	Amount
<b>Total:</b>			

Signature

Approval: \_\_\_\_\_ Paid by check # \_\_\_\_\_

Number of Receipts Attached: \_\_\_\_\_