

REQUEST FOR EXPENSE REIMBURSEMENT

Name _____ Date _____

Itemized Expenses

Date	Description of Items Purchased	Amount	Tax
TOTALS		\$	\$

NOTE: *All expenses must be properly documented before reimbursement can be made.*

I hereby certify that the above expenses were incurred on the behalf of _____ Church.

Signature

Approval

Date

Check#

Date