

Reimbursement Request or Expense Authorization Form

Attach all receipts to the back of this form (or other corroborating records)

Requestor's name: _____ Make check out to: _____

Description of expense: _____ Amount: _____

Budget or fast offering category: _____ Organization: _____

This request is for: A reimbursement
 An advance payment

Notes (e.g., enter payee address if not ward member):

For clerk's use only:

Date paid: _____

Notes: _____

Requestor's signature: _____ Date: _____

Organization leader's signature: _____ Date: _____

Pastor's signature: _____ Date: _____

Reimbursement Request or Expense Authorization Form

Attach all receipts to the back of this form (or other corroborating records)

Requestor's name: _____ Make check out to: _____

Description of expense: _____ Amount: _____

Budget or fast offering category: _____ Organization: _____

This request is for: A reimbursement
 An advance payment

Notes (e.g., enter payee address if not ward member):

For clerk's use only:

Date paid: _____

Notes: _____

Requestor's signature: _____ Date: _____

Organization leader's signature: _____ Date: _____

Pastor's signature: _____ Date: _____