Expense Reimbursement

(1) Fill out details (2) attach receipts (3) get Council signature (4) Hand into treasurer

Requestor Name:

Date:

Address:

Phone:

Email:

Purpose:

☐ Council Pre-Approved?

A brief statement of the reason for the expense.

Expense is part of a proposal

Benefitting Ministry / Program / Person:

Name the ministry, program, or person(s) that this expense is benefitting

Expenses:	Amount
Total Reimbursement:	

List expenses and total them. Please attach any receipts for each expense.

Requestor Signature

COUNCIL Member Signature

Print Name:

TREASURER ONLY

Check #:

Amount:

○ Receipts attached?

Notes:

Treasurer

Date: