

**[Insert Church Name Here]**  
**Expense Reimbursement Form**

Requested By: \_\_\_\_\_

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

Date Expense Incurred: \_\_\_\_\_

Amount of Expense: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

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

Check here if you would like your check mailed to you and provide your mailing address below:

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

\*Approved By: \_\_\_\_\_

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

**Please attach all related receipts. Completed forms are to be placed in the Treasurer's mail box in the church office.**

\*All expense reimbursements must be approved by person with budget authority in the area in which the expense is incurred and **WILL NOT** be reimbursed if funding is not available/approved.

Revised: \_\_\_\_\_