

Expense Reimbursement Form

Date _____

Requestor's Name _____

Pay to _____

For Official Use

of Receipt(s) _____

Check # _____

Date of Check _____

Distribution Method

__ Handed to recipient

__ Mailed

__ Via co-presidents

	Amt Requested
GENERAL FUND EXPENSES	
Church Use	_____
Yearbook (directory)	_____
Insurance	_____
Treasurer's Bond	_____
IL Filing Fee	_____
Gratuities	_____
Post Office Box 355	_____
Programs	_____
Newsletter	_____
Postage & Labels	_____
Correspondence Supplies	_____
Memorials	_____
Luncheon Food	_____
Lunch Supplies	_____
Coffee/Tea/Equip	_____
Cleanup/Linens	_____
4 th of July	_____
Centerpieces	_____
Officer Gifts	_____
Miscellaneous, Operating	_____

Details of purchase (what/why):

PHILANTHROPIC FUND EXPENSES

Benefit Entertainment	_____
Banquet Centerpieces	_____
Benefit supplies	_____
Benefit Program	_____
Cash Raffle	_____
Veterans Affairs	_____
Other Fund Raisers	_____
Miscellaneous, Philanthropic	_____
Check Total	_____

Which? _____

Approved _____