

**St. John's Presbyterian Church
Expense Reimbursement Form**

Requested By: _____

Date Submitted: _____

Date Expense Incurred: _____

Amount of Expense: _____

Description of Expense: _____

_____ Account #: _____

Please list all related receipts and then number the original receipts accordingly. More than 5 receipts can be listed below.

1. _____
2. _____
3. _____
4. _____
5. _____

Check here if you would like your check mailed to you.

*Approved By: _____

Date: _____

**All expense reimbursements must be approved by person with budget authority in the area in which the expense is incurred. An email approval is acceptable in lieu of signature.*

Please tape original receipts below, on the back, or on a separate 8.5" x 11" piece(s) of paper attached to this. Multiple numbered receipts can be on the same page.

Completed forms are to be placed in the Treasurer's mailbox.