

CHICHESTER UNITED

Expense Reimbursement Request

INSTRUCTIONS:

Complete this form; attach receipts; obtain approval of ministry leader; submit to treasurer.

Be sure to include the following information:

date, place, amount, (often printed on the receipt)

what, the item(s) purchased, (not always clear on receipt)

business purpose, (why / for whom / for what ministry the expense was incurred)

Date	Amount	What	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total: _____

Payable to: _____

Date submitted: _____

Approved by: _____

=====

Reimbursement:

Check Number: _____

Date: _____

Amount: \$ _____