

Expense Reimbursement



Name:

Expense Period

From:
To:

Ministry Leader Name:

Ministry:

Purpose

Itemized Expenses

| DATE | DESCRIPTION | CATEGORY | COST |
|------|-------------|----------|------|
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|---------------------|----|---|
| SUBTOTAL | \$ | - |
| Less Cash Advance | | |
| TOTAL REIMBURSEMENT | \$ | - |

Don't forget to attach receipts!

Signature Date

Approval Signature Date