Glasgow Reformed Presbyterian Church

Expense Reimbursement Request Form

Date of Request _____

Name of Requestor (please print) _____

Approved By/Date _____ / _____

Instructions:

Please list out each individual expense below. The Account field is used to identify what type of expense the reimbursement is for. Try to be as descriptive as possible (for example, "WIC Hospitality," or "REACH Supplies"). Expenses will not be reimbursed if **1)** a receipt is not attached for each expense listed, **2)** they were incurred over 60 days prior to the submission of this form, or **3)** receipts are submitted without this form. Please provide a total for all expenses. This request must be approved by an authorized ministry head before submission. Allow 10 days for reimbursement fulfillment.

Vendor	Date	Reimbursement Amount	Account

Total Reimbursement Amount Requested | |

For Office Use Only

Total Amount Paid	
Date Paid	
Check #	