Immanuel Bible Church

Expense Reimbursement Form

Name: _____ **Date:** _____

Address: _____ ☐ Check box if NEW addreess

Receipt No.	Payee / Description	Budget Category	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		TOTAL AMOUNT:	0.00

Approved By: _____

Name (Deacon)* Signature Date

Approved By: _____

Name (Elder)** Signature Date

* Only the deacon in charge of listed budget category may approve. You must also secure elder signature for your own request.

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** Elder signature **required** for purchases over $500.

Reimbursement requests must be made within 30 days of purchase date.
Please attach receipts to this form.

Date Received:

Process Date:

Check Number: