Reimbursement Request or Expense Authorization Form

Attach all receipts to this form

Check #_____

*Requester's name:*_____ *Payable to:*_____

*Description of expense:*_____*Amount:*_____

*Budget or fast offering category:*_____ _____*Organization*_____

This request is: ☐ *A reimbursement* ☐ *An advance payment*

*Requester signature:*_____ *Date:*_____

*Organization president's signature:*_____*Date:*_____

*Bishop's signature:*_____*Date:*_____