REIMBURSEMENT
AUTHORIZATION FORM

Date:____ /____ /____

*** Please fill out all the sections below and have the appropriate auxiliary leader sign to authorize the expenditure. Upon completion, please return this form, with supporting receipts or invoices, to a member of the Bishopric or Ward Clerk. ***

__ Activities
__ Administration
__ Curriculum
__ Distribution Center
__ Elders Quorum
__ FSY
__ Library
__ Primary
__ Relief Society
__ Sunday School
__ Young Men
__ Young Women
__ Miscellaneous: _____

Reason For The Expenditure (please be specific):
_____
_____
_____

Bishop's Signature: _____

Subtotal (Reimbursement w/o Tax): $_____ Tax Amount: $_____
Total Amount of Reimbursement: $_____

Make Check Payable To: _____

***Please attach all receipts and invoices to this form and return it to a member of the Bishopric or the Ward Clerk ***