UNIT NAME Reimbursement Request or Expense Authorization Form

Attach all receipts to the back of this form (or other corroborating records)

Requestor's name: _____ Make check out to: _____

Description of expense: _____ Amount: _____

Budget or fast offering category: _____ Organization: _____

This request is for: □ A reimbursement
□ An advance payment

For ward clerk's use only:

Notes (e.g., enter payee address if not ward member):

Date paid: _____

Notes: _____

_____

_____

_____

_____

Requestor's signature: _____ Date: _____

Organization leader's signature: _____ Date: _____

Bishop's signature: _____ Date: _____

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