Ward
Reimbursement Request

*** Individual submitting reimbursement completes top half of form – Ward completes lower half ***

Organization: _____ **Date:** _____

Submitted By: _____

Check Payable To: _____

Organization President Approval: _____

Expenditure Summary:

List and describe expenditures below…
(Attach all receipts to this form)

	AMOUNT
_____	$
_____	$
_____	$
_____	$
_____	$
_____	$
_____	$
TOTAL SPENT:	
TOTAL SALES TAX:	

Bishop's Approval: _____

Payment Account:

- ☐ **Budget:** _____
- ☐ **Fast Offering:** _____
- ☐ **Other:** _____

Check #: _____

Check Date: _____