

Trinity Presbyterian Church
Expense Reimbursement Form

Please use this form when seeking reimbursement for personal expenses for approved church activities.
Do not use this form for "check requests".

1. **Use 1 form per a person.**
2. All Receipts are required for reimbursement. Please attach hard copies on a separate piece of paper or scan and attach to your email submission.
3. Indicate the account to be debited in the Charge Code column if you know the account number. The Office Manager or Treasurer will assist if you leave it blank.
4. Signed approval is required by Ministry Team Lead.
5. Incompleted forms without receipts or proper approval will not be paid in a timely basis.
6. If you are submitting by email, email to: Office at office@trinity-pres.org

Name: _____

Mailing Address: _____

City, ST and Zip Code: _____

Today's Date: _____

	<u>Charge Code</u>	<u>Amount</u>	<u>Vendor (attach receipt(s))</u>	<u>Purpose/Detail</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total to be reimbursed

Approved by: _____

Date: _____

Reviewed by: _____

Place an "x" next to service:

- Mail to Payee
- Place in mail slot, if so which one: _____
- Hold for pick up
- No check, In kind donation