



Michael Memorial
BAPTIST CHURCH

Expense Reimbursement Form

Date: _____

Name of Person Seeking Reimbursement: _____

Ministry Event: _____

Description of Expense(s): _____

Amount of Reimbursement: \$ _____

Ministry Leader's Signature of Approval: _____

Department: _____

Note: Attach receipts to form.

For Office Use Only:

Date Request Entered: _____

Name: _____

Date Reimbursement Issued: _____

Name: _____