

Reimbursement Expense Report for Piney Grove Baptist Church

Date Submitted: _____

Reimburse: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please attach original receipts to this Expense Report and submit to Church Finance Office.

Unless other arrangements are specified, the check requested on this form will be mailed after it has been cut.

Checks are typically run on Wednesdays.

Approved by (Chairperson or Administrator): _____

Date of Expense	Description of Expense	Merchant Name	Ministry Account Code	Total
				\$
			Total	\$

Email to: pgarner@pineygrovebc.org

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