Clinton Christian Reformed Church

243 Princess Street, East | PO Box 697 | Clinton, ON | N0M 1L0

Expense Reimbursement Form

Please use this form to submit reimbursement requests to the Treasurer.
Forms are required to be signed by the individual and approver as noted on the back of this form.
Only signed forms will be accepted. Receipts must be attached.

Team: _____ **Date:** _____

Name (printed): _____ **Signature:** _____

Total Amount: _____ **Approved Signature:** _____

Expensed to: *Approver Use Only*

Please give a brief description of the expense:

_____

_____

_____

_____

_____

_____

_____

_____

Total $ _____