

Reimbursement Request or Expense Authorization Form

Attach all receipts to this form and place in Amanda's box located above copier

Requestor's name: _____ Contact #: _____

Date of Request: _____ Date check is needed: _____

Check will be picked up

Mail payment to address listed below

Payable to: _____
Company/Name Mailing Address

Expense Description: _____ Amount: \$ _____ Tax: \$ _____

Budget line item is to be taken from: _____

Are you directly responsible for above line item? Yes No (See Section B below)

This request is A reimbursement An advance payment A Bill

Requestor's signature: _____ Date: _____

Receipts, quotes, invoices etc must be attached.

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Section B: Approval / authorization by appropriate individual

I am currently responsible for the above mentioned line item and I authorize payment of said trasaction.

Signature

Position/Ministry

Date

