

Ardmore Presbyterian Church

Expense Reimbursement

(All requested must be approved by the Heads of the Committee)

ATTACH ANY INVOICE, RECEIPTS OR OTHER DOCUMENTATION

Office Use Only

Name: _____

Vendor Code: _____

Address: _____

Check No. _____

Date: _____

Amount \$: _____

Date	Description	Budget Category / Line	Amount \$

Total Requested: _____

Please issue check no later than: _____

Attachments to be sent with check? Yes _____ No _____

Check to be sent by mail or picked up? _____

Requestors Signature: _____

Date: _____

Approval Signature: _____

Date: _____