

Reimbursement for Expenses Paid

Name/Payee: \_\_\_\_\_  
 Address: \_\_\_\_\_

Charge to:  APC  APNS

Receipts MUST be attached - Circle Appropriate Amount (Total or Specific Item Amount)

Date	Vendor	Description of Expense & Purpose	Received or Pre-Paid	Chart of A/C #	\$ Amount Paid	Approver Initials
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
Miscellaneous Notes & Comments:					<b>Total:</b> \$ -	
					<b>Less Advances:</b>	
					<b>Total:</b> \$ -	

Submitted by Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Pastor/Director/Council/Committee Chair

A/C or G/L #	Name & Area	Signature	Date:
Group # _____	_____	_____	_____
Group # _____	_____	_____	_____
Group # _____	_____	_____	_____
Group # _____	_____	_____	_____