Expense Reimbursement

			Church of Christ
Name:			Expense Period
		From:	
		To:	
Ministry Leader Name:			
Ministry:			
	Purpose		

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
		SUBTOTAL	
		Less Cash Advance	

TOTAL REIMBURSEMENT

Don't forget to attach receipts!

Signature

Date

Approval Signature

Date

Reimbursement Form @ New Braunfels Church of Christ 2015