



Expense Reimbursement Request and Check Voucher

Instructions:

1. **Name:** Fill in the name of the person requesting reimbursement.
2. **Item Description:** Fill in a brief description of the item/s purchased; use a separate line for each department to be charged.
3. **Department:** Fill in the department to be charged for each item, for example – Primary, etc.
4. **Amount:** Enter the total amount of reimbursement for each department to be charged.
5. **Total:** Enter the total amount to be reimbursed.
6. **Dept. Heads Signature:** Please procure the department head’s signature that authorized the purchase.
7. **Date:** Please date the form.
8. **Documentation:** Please supply all the original receipts stapled to this form.
9. **Collect Payment:** Hand this form (completely filled out and with required receipts and signatures) to the church secretary.
10. **Inventory:** All relevant inventory information such as serial numbers, brand, and model number have to be supplied.

Item Description	Department	Amount
<input type="checkbox"/> Yes <input type="checkbox"/> N/A All inventory information is supplied with this form.	Total ±	

..... Name Department Head Date

--- For Accounting and Administration Purposes Only ---

Payment Method	Cash <input type="checkbox"/> Check <input type="checkbox"/>	If applicable, Check #
Date		
Amount		
Charge to		

.....
 Signature:
 Treasurer or Accounts Payable