



Reimbursement Request or Expense Authorization Form

Attach all receipt(s) or other corroborating records to the back of this form

Requestor's name: _____

Make check out to: _____

Description of expense: _____

Amount: _____ Budget* Yes / No

Category: _____

Committee/Ministry: _____

This request is for:

- A reimbursement An advance payment Invoice Payment

Notes: _____

Date paid: _____ Check No: _____

Notes: _____

Requestor's signature: _____ Date: _____

Committee Leader's signature: _____ Date: _____

Finance Committee* signature: _____ Date: _____

**If not budgeted, Finance Committee Approval is required prior to making expenditure.*