

Antioch Church Reimbursement Form

Name: _____

Address: _____

Phone #: _____

Cell #: _____

Expenses exceeding \$300.00 have to be approved in advance by Budget and Finance

DATE	DESCRIPTION OF REIMBURSEMENT	REASON FOR EXPENSE	AMOUNT
Total			

I certify that the above is a true expense for Antioch Baptist Church committee and I have attached the original receipts for each of the items I am asking to be reimbursed for. (Please make copies for your records.)

Signature: _____

Date: _____

Authorized by Chairman of Committee:

Signature of Chairman

Date: _____

Committee: _____