



# Grace Episcopal Church

## Expense Reimbursement Form

Submitted By \_\_\_\_\_ Date Submitted \_\_\_\_\_

Date Expense Incurred \_\_\_\_\_ Amount of Expense \_\_\_\_\_

Description of Expense: \_\_\_\_\_

\_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Mailing Address of Requestor: \_\_\_\_\_

\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

For Treasurer to Complete:

Budget Line Item and or Explanation of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please attach all related receipts and use the back of this form if more space is needed for description of expense.)*