

AKRON FIRST SEVENTH-DAY ADVENTIST CHURCH
REQUEST FOR EXPENSE APPROVAL/REIMBURSEMENT

DATE OF REQUEST _____

NAME _____

ADDRESS _____

TELEPHONE _____

TOTAL AMOUNT TO BE SPENT/REIMBURSED _____

FUND(S) TO BE CHARGED _____
(or give reason for expense)

RECEIPT(S) OR DOCUMENTATION ATTACHED? Circle One YES NO

APPROVED FOR PAYMENT BY: _____

NOTE: Expenses must be submitted no later than one month after date of expenditure in order for reimbursement to occur.