



Expense Reimbursement Form

The Akron First Seventh-day Adventist Church

Please fill out the following information for an expense reimbursement.

Name (Please print): _____

Address: _____

Email: _____ Phone: _____

Account Category 1: _____	Amount: _____
Account Category 2: _____	Amount: _____
Account Category 3: _____	Amount: _____
	Total: _____

Brief description of expense/purchase: _____

- Please be sure to include any supporting bills, invoices, or receipts
- All expenses and purchases over \$250 require a pre-approval expense voucher

Signature: _____ Date: _____

Church Account Categories			
Ministries and Outreach			
Adventurers	Audio/Visual	Breakfast Fund	Children's Ministries
Community Concert	Community Services	Evangelism	Funeral Dinners
Goldenaires	Hispanic Ministries	Library	Men's Ministries
Pathfinders	SS – Beginners	SS – Kindergarten	SS - Primary
SS – Juniors	SS – Youth	Sabbath School	Training/Conferences
VBS	Women's Ministries		
Expenses			
Building/Grounds	Custodial	Flowers	Kitchen
Maint & Repairs	Misc Expenses	Office Supplies	Postage