

**WAKE CHAPEL CHRISTIAN CHURCH –
EXPENSE REIMBURSEMENT REQUEST**

Office Use Only	
Date _____	
Check # _____	

NAME:	CHECK ONE OF THE FOLLOWING:
ADDRESS:	<input type="checkbox"/> STAFF
CITY, STATE, ZIP:	<input type="checkbox"/> TRUSTEE
TODAY’S DATE:	<input type="checkbox"/> CHURCH MEMBER
	<input type="checkbox"/> OTHER

DATE	PURPOSE	AMOUNT	GL Code (Office Use)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL		\$	

AUTHORIZATION:

I CERTIFY THIS TO BE AN ACCURATE ACCOUNT OF REIMBURSABLE EXPENSES.

Purchaser’s Signature

Date

Finance Chair Approval

Date