



### Expense Submittal – Staff

Complete this form and attach invoice or receipt(s) for payment or reimbursement. Make sure the person responsible for the budget (Committee Chair) has signed the Authorized line. Place the completed form in the Administrative Assistant’s mailbox.

Date: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Number	Account Description	Amount
01-5110-741	Minister Professional Expenses	
01-5110-751	Minister Re-location Expenses	
01-2406-162	Minister Discretionary Pass Through	
01-5130-741	DLRE Professional Expenses	
01-5135-741	Youth Director Professional Expenses	
	<b>TOTAL</b>	

Details: \_\_\_\_\_

Requester’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization (Committee Chair or Treasurer)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_