



Expense Submittal – Miscellaneous, Special Programs & Collections

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: _____

Table with 3 columns: Account Number, Account Description, Amount. Rows include various expense categories like Board Expense, Pastoral Friends Expense, etc., ending with a TOTAL row.

Details: _____

Requester’s Name: _____ Phone: _____

Authorization (Committee Chair)

Name: _____ Phone: _____