



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	
01-2406-000	Minister Discretionary Pass Through	
01-5130-741	DLRE Professional Expenses	
01-5885-750	Staff Training	
	TOTAL	

Details: _____

Requester’s Name: _____ Phone: _____

Authorization (Committee Chair)

Name: _____ Phone: _____