



St. John
UNITED CHURCH
OF CHRIST
 Bellevue, Kentucky

Expense Request Form

===== **Submit Top Portion For Pre-Approval** =====

Budget Account # (required): _____ Control #: _____

Method of Reimbursement: Check Record My Gift Incoming Invoice attached

Approved by: _____

Name of Requester: _____ Amount: \$ _____

Name of Payee: _____

Deliver to: _____ Needed by: _____

Purpose of Expenditure: _____ Date of Expense: _____

Name of Committee/Ministry/Task Force: _____

How does this expense fit our Vision/Mission? _____

Notes: _____

===== **Keep/Submit Bottom Portion For Future Reimbursement**

*****Please Attach All Receipts*****

Budget Account # (required): _____ Control #: _____

Method of Reimbursement: Check Record My Gift Incoming Invoice attached

Approved by: _____

Name of Requester: _____ Amount: \$ _____

Name of Payee: _____

Deliver to: _____ Needed by: _____

Purpose of Expenditure: _____ Date of Expense: _____

Name of Committee/Ministry/Task Force: _____

Notes: _____

===== **(Do Not Write Below This Line)** =====

Paid with Check # _____ Gift Letter _____ Date: _____