



St. John
**UNITED CHURCH
OF CHRIST**

Bellevue, Kentucky

Expense Request Form

Date Scanned: _____

Date Submitted: _____

Date Paid: _____ Check #: _____

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

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

Method of Reimbursement: Check _____ Record My Gift _____ Incoming Invoice _____

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 _____

Approved by: _____

Name of Requester: _____ Amount: \$ _____

Name of Payee: _____ Invoice #: _____

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: _____