

Expense Reimbursement Form

Crown Point Christian Reformed Church Crown Point, IN



Please Use A Separate Form for Each Ministry/Program

Name:

Ministry/Budget Line:

Turn in to Ministry Chair/Leader for Approval and Payment

Other Notes:

Itemized Expenses

DATE	MERCHANT	DESCRIPTION	CATEGORY (Memo)	COST

TOTAL REIMBURSEMENT

Don't forget to attach receipts!

Please Print and Sign

Signature

Date

Approval Signature

Date