

SUBMITTER INFORMATION

Full Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Event / Activation (optional)	<input type="text"/>
Street Address	<input type="text"/>	Address on file	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

EXPENSE DETAILS

No.	Date	Amount	Vendor / Payee	Purpose of Purchase
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL:		<input type="text"/>		

IMPORTANT: Any single transaction over \$250 that has not been preauthorized by the board requires prior approval. Please submit proof of board approval for each transaction exceeding \$250.

RECEIPTS: All receipts must be attached to this form. Missing receipts will require alternative proof of payment (bank or credit card statement, transaction confirmation, or similar documentation). Cash payments are non-reimbursable unless otherwise noted where gratuities or similar expenses are customary and reasonable.

SUBMITTER SIGNATURE

Signature	<input type="text"/>	Date	<input type="text"/>
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By signing above, I certify that the expenses listed are accurate and were incurred for legitimate church purposes.

REIMBURSEMENT PREFERENCE

Cash	Check:	Mailed	Hand Delivered
Zelle – Phone or Email:	<input type="text"/>		
ACH Transfer – Routing #:	<input type="text"/>	Account #:	<input type="text"/>

FOR INTERNAL USE ONLY

Received By	<input type="text"/>	Date Received	<input type="text"/>	Accepted	<input type="text"/>	Payment Issued	<input type="text"/>
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