

Japanese Presbyterian Church
 1801 24th Avenue South
 Seattle WA 98144

EXPENSE REPORT/REIMBURSEMENT FORM

DATE:	
NAME:	
SIGNATURE:	

*For expense reimbursement, please fill out this form, **attach a receipt**, and obtain your **ministry leader's signature** before sending it to the Treasurer. For lost receipts, please complete a Missing/Lost Receipt Form and attach to this form.*

Thank you!

SUPPLIER	DATE OF RECEIPT	DESCRIPTION	*BUDGET LINE NUMBER	\$ AMOUNT
TOTAL				

NOTES:

**The BUDGET LINE NUMBER will be added by the approving signatory.*

APPROVED BY:	
SIGNATURE:	DATE: