

# Emanuel Church Reimbursement Expense Report for Products or Services

10627 West Forest Home Ave., Hales Corners, WI 53130

Person Requesting Reimbursement: \_\_\_\_\_

Date: \_\_\_\_\_

This A Reimbursement For -

Expense:  (please attach receipts)

Service:

*Identify Which Committee or Board Authorized Expense:*

**Description:**

(In order to correctly code the expense to the appropriate account, please provide complete information.)

	Amount	Account Code (Office Use Only)
1.		
2.		
3.		
4.		
5.		
<b>Total Reimbursement or Payment</b>		

Office Use Only	Check No:	Date:

Notes or Comments:

Make Check Payable To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_