Immanuel Christian Reformed Church

Expense Remibursement Form

Name of Individual: _____

Date Completed: _____

Instructions to complete form:
1. Complete information under each column
2. Calculate Totals – ensure totals balance
3. Staple receipts to form
4. Sign and Date
5. Obtain approval
6. Hand in to Bookkeeper for payment

Expense Details

Details of Receipt

Supplier Name	Description	Ministry Program	Receipt Total (Including HST)	HST included in Invoice	Charge to budget account

Grand Total: _____

Your Signature: _____ Ministry or Executive approval: _____