

Reimbursement for Expenses Paid

Name/Payee: _____
 Address: _____

Charge to: APC APNS

Receipts MUST be attached - Circle Appropriate Amount (Total or Specific Item Amount)

Date	Vendor	Description of Expense & Purpose	Received or Pre-Paid	Chart of A/C #	\$ Amount Paid	Approver Initials
01/30/18			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid			
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid			
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
			<input type="checkbox"/> Received <input type="checkbox"/> Pre-Paid		\$ -	
Miscellaneous Notes & Comments:					Total: \$ -	
					Less Advances:	
					Total: \$ -	

Submitted by Signature: _____

Date: _____

Approved by Pastor/Director/Council/Committee Chair

A/C or G/L #	Name & Area	Signature	Date:
Group # _____	_____	_____	_____
Group # _____	_____	_____	_____
Group # _____	_____	_____	_____
Group # _____	_____	_____	_____