

Saint Nicholas Greek Orthodox Church Expense Reimbursement Form

Name of Requestor: _____

Date: _____

Receipt #	Date	Description/Purpose of Expense	Receipt Amount (include sales tax if applicable)	Ministry/Area Benefitting
Reimbursement Total:				
Signature of Requestor:			Approved by:	
Date:			Date:	

Requestor HEREBY CERTIFIES UNDER PENALTY that the above claim and items, amounts and statements herein set out are true and correct, that no part thereof has heretofore paid; the amount requested is justly

Instructions:

1. Reimbursement must be submitted within three (3) months of date that expense was incurred.
2. Person approving form must be authorized. Payee can NOT approve own claim.