

# Rejoice Lutheran Church

## Expense Reimbursement Form

Purchase by: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of purchase: \_\_\_\_\_

\_\_\_\_\_

Budget Line Item Number: \_\_\_\_\_

Description of items purchased:

	\$
_____	
_____	
_____	
_____	
_____	
_____	
Total:	\$ _____

Signature of Purchaser: \_\_\_\_\_

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

Committee: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Purchases over \$50 need to be authorized by committee chairs and purchases over \$1000 need Treasurer acknowledgment prior to purchase.

Please return form with all receipts and supporting documentation to Congregation Treasurer within 30 days of original purchase.