

REIMBURSEMENT REQUEST / EXPENSE REPORT

Name: _____

Department: _____

Purpose of Expense: _____

Date of Expenditure	Account Code	Description of Purchase	Amount	2017 Mileage			TOTAL
				# of Miles	Rate	Total	
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -
					\$ 0.535		\$ -

***Please be sure to submit receipt with expense report. Expenses without a receipt will not be reimbursed.

GRAND TOTAL / Reimbursement Amount \$ -

Signature: _____

Date: _____

Approved By: _____

Date: _____

Commonly Used Account Codes	
290.123	Classroom Supplies
290.1231	Little Flowers
280.993	Church Decorations
260.9912	Groceries for MC
260.9913	Gifts bought by MC
260.9914	MC Cookbooks, ornaments, wine
260.9915	MC Garage Sale