Bethel Friends Church
Expense Request/Reimbursement Form

1. Please attach receipts to this form.
2. No reimbursement can be made without receipt.
3. Please keep a copy of this form and all receipts for your records.

Request Type: ☐ Expense ☐ Reimbursement

Date:_____ Amount: $_____

Ministry or Event:_____

Name of Requestor:_____

Address:_____

Payee (if different than requestor):_____

Reason for/Description of Expense:

_____

_____

_____

Please return completed form to the church office.