

**Maranatha Christian Reformed Church  
Expense Reimbursement Request**

Reimbursement To: \_\_\_\_\_

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

Please issue me a tax receipt in lieu of a cheque – Envelope # \_\_\_\_\_.

Signature: \_\_\_\_\_

Please itemize and attach detailed vendor receipts including GST and write the Receipt # from the list below on the corresponding receipt. Debit/credit card receipts are not valid receipts without purchase details.

If expenses are for items not in the church budget or if they will exceed your budget for the current year, this request must be authorized by the Finance and Administration Committee and/or the Chair of the Council.

Receipt #	Receipt Date	Vendor	Description	Church Program / Budget	Receipt Total	GST Included
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
				<b>Total:</b>		