

**MARANATHA  
CHRISTIAN REFORMED CHURCH**

**REIMBURSEMENT REQUEST FOR EXPENSES INCURRED**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Program: \_\_\_\_\_
3. Pay To: \_\_\_\_\_
4. Description of Expense: \_\_\_\_\_

Total Expense:

Total GST (included in above)

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**NOTE:**

For all expenses in excess of \$200, please advise the treasurer in advance. If expenses are not for budgeted items or they will exceed your budget for the current year, this request must be authorized by the Chair or Clerk of the Council