

REIMBURSEMENT AND EXPENSE REPORT

[NOTE: Complete ALL information]

NAME: _____ Date _____

Address: _____

City: _____ State _____ Zip _____ Phone: (____) _____

E-Mail _____

MUST Check One: Reimbursement -or- Expense

IMPORTANT: ATTACH ALL RECEIPTS. If no receipt, then attach authorized signed Voucher.

Payment Types: CK = Check (incl. #) DC = Debit Card CC = Credit Card CA = Cash

LOCATION: PHX Metro White Mt Other: _____

ACTIVITY: Office Outreach _____ Date: ____/____/____

Ministry Type: AYM General Fund __ AYM Scholarship __ WMY __ VSY __

LIST LAST 4 #'s of checking account. Use separate expense report for each checking account: _____

DATE	Paym t TYPE	Loca- tion	AMOUNT	Description of Expense Incurred <small>List: Activity / Item / Company on Receipt</small>
TOTAL:			\$	

APPROVAL _____ CHECK# _____ DATE: _____