# Lake Wisconsin Evangelical Free Church

## BUDGET EXPENSE REIMBURSEMENT FORM

Expenses Incurred by:_____ Approved by:_____

| Date | Expense Description | Budget Category | Amount |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | Total: | _____ |

Note: In order to get reimbursed for a church related expense:

1. The Expense must be approved by the appropriate person for the given budget category, indicated by signature above.
2. Include receipts showing the amount, date and purpose of the expense. Staple receipts to this form and submit to the church secretary.

*Updated 12/30/2009*