

# Expense Reimbursement Form

Crown Point Christian Reformed Church Crown Point, IN



**Please Use A Separate Form for Each Ministry/Program**

Name:

Ministry/Budget Line:

**Turn in to Ministry Chair/Leader for Approval and Payment**

Other Notes:

## Itemized Expenses

DATE	MERCHANT	DESCRIPTION	CATEGORY (Memo)	COST

CREDIT CARD AMOUNT

**Don't forget to attach receipts!**

**Please Print and Sign**

\_\_\_\_\_  
Signature (of cardholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date