



christ kaleidoscope

Expense Reimbursement Form

Date:

Name:

Email:

Phone Number:

Purpose of Expense(s):

Itemized Expense(s):

Date	Description	Receipt	Cost

Total Reimbursement Requested:

Requester Signature

Date

[Please attach receipt(s) to this form]

To be completed by treasurer:

Approved Reimbursement Amount:

Approval Signature

Date