Expense Reimbursement Form

Murrysville Community Church

Submitted By: _____ **Submission Date: _____**

Payable To: _____

Fund: _____

Account Category: _____

Session Approval Date (if applicable): _____

DATE	DESCRIPTION	AMOUNT
	Total	

Authorization Signature _____ Date _____

Second Signature (if required) _____ Date _____

Check # _____ **Issued by _____**

Date Issued _____