BEREAN BAPTIST CHURCH

Fayetteville, NC 28314

Expense Reimbursement Form

Person Making Request: _____ Total Requested: $ _____

Date of Request: _____ Date Needed: _____

Name Payable to and Address: _____

DESCRIBE IN DETAIL THE PURPOSE FOR WHICH FUNDS WERE USED

Staple all receipts, invoices, purchase orders and pertinent information to this form

Date	Vendor	Purpose (Be Specific)	Amount	Exp Acct #
		TOTAL REQUESTED	**$**	

Approved by Executive Pastor: _____