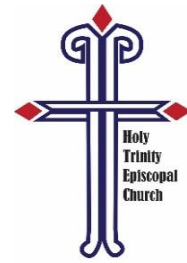


Holy Trinity Church

Expense Reimbursement Form



Name:	
Street	
City, State, Zip	
Phone	
email	

Itemized Expenses

DATE	DESCRIPTION	Budget Line	COST
TOTAL REIMBURSEMENT			

Don't forget to attach receipts!
Form of Payment: Check

Requestor's Signature Date

Approval Signature Date