



Expense Reimbursement Request Form (non-employee)

NAME: _____ DATE: _____

*** NO REIMBURSEMENT WILL BE MADE unless this is completed in full and you have secured approval by the committee chair and a board member. *If needed, this can be done by email and then printed with reimbursement.**

4 Digit Account#	Vendor	Purpose for Expense	Amount
TOTAL			

Committee Chair: _____ Date: _____

Board Member: _____ Date: _____

Committee Expenses as Budgeted	Children's RE Expenses as Budgeted
6312 Social Media (FB Boosts & Other)	6160 Children's Curriculum & Resources
6324 Pamphlets & Literature	6170 Consumable Supplies
6340 New Member Functions	6180 Teacher Training & Support
6341 Welcoming Congregation	6190 Other Children's RE Expenses
6350 Social Event Expenses	6190 Other Children's RE Expenses
6620 Social Justice Expenses	Office Codes as Budgeted/Billed to Office
6703 Other Worship Expenses	5322 Copying
6850 Music Purchases	5325 Postage
6900 Caring Committee	5335 Office Supplies & Misc.

If you have questions - email the office for assistance.