



Mountaintop

Seventh-day Adventist Church

Expense Reimbursement Form

Attach itemized receipts and submit this completed form to the church treasurer.
Number receipts to match the rows below. Include only the church-related amount.

Person requesting reimbursement

Name	Submission date
Phone	Email
Make payment payable to	Ministry or department
Mailing address if payment is to be mailed	

Receipts and expenses

#	Date	Store or vendor	Items and church purpose	Amount \$
1				
2				
3				
4				
5				
6				

Receipts attached	Total reimbursement requested \$
I certify these expenses were paid by me for church purposes and have not been reimbursed.	
Signature	Date

Approval and treasurer use

Approved by if applicable	Date	
Amount paid \$	Payment date	Check or payment reference