

Rest Haven SDA Church

Reimbursement Request Form

Complete one row per receipt. Enter dates as MM/DD/YYYY. Attach receipts when emailing the completed form.

Requester name

Request date (MM/DD/YYYY)

Mailing address

Phone

Email

Reason for expenses / program

EXPENSE DETAILS

No.	Date	Store / description	Ministry	Amount (\$)	Receipt total (\$)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

TOTALS

GST total (\$)

Receipts total (\$)

Reimbursement Review & Approval

For church processing — completed by the appropriate reviewers

Requestor name (for reference)

Expense form total (\$)

1. Treasurer review

Date (MM/DD/YYYY)

Name

Signature / initials

2. Ministry leader (leave blank if requestor)

Date (MM/DD/YYYY)

Name

Signature / initials

3. Pastor

Date (MM/DD/YYYY)

Name

Signature / initials

4. Payment processed

Date (MM/DD/YYYY)

Cheque / payment reference

Amount paid (\$)

Signature / initials

Submission instructions

1. Complete page 1 and save this PDF to your device.
2. Attach photos or scans of all receipts to your email.
3. Email the PDF and receipts to the Treasurer for review and approval.