NEW LIFE
BIBLE FELLOWSHIP

Expense Reimbursement Form

Date: _____

Person to be reimbursed: _____

Phone number: _____

Address to send to (or pick up at office):
_____

Total for reimbursement: $_____

Vendor Name	Budget Line Item	Amount
	Total	

- *Attach copies of all receipts listed above and turn in to your Team Leader for signature*

Team Leader Printed Name _____

Team Leader Sign-Off _____ Date _____

- *Ensure accuracy of 'Budget Line Item' column above*
- *Give to our Finance department for check creation*