Expense Request/Reimbursement Form

LIGHTHOUSE FELLOWSHIP CHURCH OF GOD, INC.

Name:

Reimbursement of Expenses

Receipts must be attached to expense form. Expenses cannot be reimbursed without a

DATE	DESCRIPTION OF ITEMS REIMBURSED	FUND	ACCT#	TOTAL

Signature: _____ Date:

Reviewed by: _____ Date:

Approved by: _____ Date:

Expense Request Or Purchase Order

DATE	DESCRIPTION	FUND	TOTAL
		Grand Total	