

First Presbyterian Church of El Cajon

Expense Reimbursement Request

Requestor:

Committee/Group/Title:

Check Payable to:

Expense Period

From:

To:

Business Purpose:

Expenses

DATE	DESCRIPTION	This Column For Office Use only	COST
TOTAL REIMBURSEMENT			\$

Don't forget to attach receipts!

Requestor Signature Date

Approval Signature Date

After approval, submit to Church Office for reimbursement. Place in Church Office through the window.