

HOLY SPIRIT LUTHERAN CHURCH

Expense Reimbursement

Payable to: _____

Date: _____

Address: _____

Phone Number: _____

Reason/Description	Budget Acct/Fund/Event	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Giving:

TOTAL AMOUNT:

Signature of Originator

Signature of Chair / Liaison

Please attach receipts to form and submit to the Treasurer

Issued By: _____

Check#: _____

Date Issued: _____