

# Channing Memorial Church Expense Reimbursement Form

To: Treasurer, Channing Memorial Church

From: \_\_\_\_\_

Date: \_\_\_\_\_

Please Pay:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\*Amount: \$\_\_\_\_.\_\_\_\_

For: \_\_\_\_\_  
(Purpose of  
expenditure) \_\_\_\_\_

Charge to  
Account: \_\_\_\_\_  
(To be filled in  
by Treasurer): \_\_\_\_\_

Signature of  
Submitter: \_\_\_\_\_

Signature of  
Committee Chair/  
Ministry Coordinator  
(if not submitter): \_\_\_\_\_

Signature of  
Approver: \_\_\_\_\_

\*Attach copy of receipt to back of this form before submitting.