

**Ss. Peter & Paul R.C. Church
Expense Report**

Your Name: _____

Date: _____

Ministry Name: _____

Event Name: _____

Date of Expense(s)	Reason(s) for Purchase (attach all receipts)	Amount	Acct# (leave blank)
Total			

Reimbursement Type:

- Refill Departmental Petty Cash (department name) _____
- Personal Reimbursement Check (enter payee info below)

Payee Info: **Name** _____

Address _____

City, State Zip _____

Signature _____

Phone # _____

- Call me when ready; I'll pick it up
- Put in interoffice mail
- Mail to the above address

*** Reports with incomplete & missing data or insufficient reasons for purchase will delay reimbursement.