

**CHRIST PRESBYTERIAN CHURCH  
EXPENSE REQUEST**

Date Requested: \_\_\_\_\_ Date Required: \_\_\_\_\_

Expense is: \_\_\_\_\_ Reimbursement *(I bought item(s) and need to be reimbursed)*  
\_\_\_\_\_ Check Request *(We need to pay this person/business)*  
\_\_\_\_\_ Purchase Request *(I am requesting item(s) be purchased)*

Event Name(if any): \_\_\_\_\_ Approx. # served / attended: \_\_\_\_\_

Description: *(Items/Reason, ect.)*

\_\_\_\_\_

\_\_\_\_\_

Accounts to be Charged:  
*(budget line item or fund)*

Amount(s):  
*(approx. if purchase request)*

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF CHECK: \_\_\_\_\_

*For Reimbursement or Check Request:*

Check Payable to: \_\_\_\_\_

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

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

Place Check: In mailbox \_\_\_\_\_ In mail \_\_\_\_\_ Other \_\_\_\_\_

Receipts Attached: Yes \_\_\_\_\_ No \_\_\_\_\_  
*(required if you are being reimbursed)*

Requested by: \_\_\_\_\_ Approved by: *(Indiv. in charge of budget item/fund)*

\_\_\_\_\_  
Signature *(or attach email approval)*

\_\_\_\_\_  
Signature *(or attach email approval)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name