

# Beaumont Community Church Reimbursement of Expenses Form

Receipts or invoice must be attached.

Payee: \_\_\_\_\_

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

\_\_\_\_\_

Requested by: \_\_\_\_\_

Item description: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Commission	Area	Amount	GST	Total
<b>Total Amount</b>	<b>(must agree to amount requested)</b>			

Commission Chair approval signatures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Approval: \_\_\_\_\_

Cheque No. \_\_\_\_\_