

Rest Haven SDA Church Reimbursement Form

Request Date:		Mon dd/yy
Name:		
Phone:		
Email:		

Address, only necessary if your current address is *not* on file

Address:	
City:	
Postal Code:	
Comments:	

Itemized Expenses

One row per receipt. Attach receipts. If more lines are required use an extra form and staple to this one

Please Note: Visa, MasterCard and Bank debit slips do not count as a receipt.

	Date Mon dd/yy	Store Name, and Description of Goods	Department to charge, if known	GST 5%	PST 7%	Receipt Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Form Total				\$0.00	\$0.00	\$0.00

Fields Below for office use only

Approval

Approved By (Print Name)	Church Position
Authorizing Signature	Date Mon dd/yy

Cheque #		Entered By
Date		Mon dd/yy
Cheque Amount		