

EXPENSE Reimbursement / Notification Form



***Use one form for each business / person to be paid. Please list all expenses and attach all receipts.**

Your Name: _____ Date: _____ Department / Club / Group / Volunteer: _____

Reason for Purchase(s): event, etc.

PAYMENT:

_____ Order has been placed at: _____ They will bill Christ the King.

_____ Paid. Please write a reimbursement check in the amount of \$ _____ Payable to: _____
(business or person)

* Who will pick up the reimbursement check from the CtK Rectory? _____ On (Date): _____

* If mailed to business / person, Address: _____

ITEMS PURCHASED:

Business Name	Item(s) Description	Price

*Special Notes: _____

TOTAL: _____

APPROVAL SIGNATURE (if required):
(Manager / Group Leader)

Date: _____

Finance Department Use Only:
Finance Department Sign-off: _____

RETURN APPROVED FORM TO:
Mary Drake