

Grace Family Church
Expense Reimbursement Voucher

Date: _____

Amount Requested: \$ _____

Requested By: _____

Description of Expense:

Receipt or Invoice: Attached

Approved by Ministry Leader: _____

Approved by Administrator: Eugene Nedorezov _____

Payment Information

Payable To (Name): _____ Zelle

Phone #: _____

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Check No.: _____ Date: _____ Amount: \$ _____

Submission Guidelines:

- All receipts must be clearly visible.
- The total reimbursement amount must be clearly calculated and listed above.
- Receipts must not be older than 30 days from the date of submission.
- The expense voucher must be completed by the applicant, signed by your Ministry Leader, and approved by the Church Administrator.