

Request for Reimbursement

Ward authorized expenses

Please explain the purpose of this expenditure:

Item's Expense-pre sales tax:	
Sales Tax (if any):	
Total amount to be reimbursed:	

Make check payable to:

(please print)

(For Clerk Use Only) Payment Made

Date:

Check #:

Organization - President's Signature

Bishopric - Signature

Mark (X) Budget Category Below:					
	Activities		Relief Society	Fast Offering Expenditures	
	Administration		Sunday School		Food
	Bishopric		Youth Conference		Housing
	Elder's Quorum		Young Men		Medical
	Library		Young Women		Utilities
	Primary		Misc.		Other: _____