

**HOPE LUTHERAN CHURCH**

**EXPENSE REIMBURSEMENT REQUEST**

**please print** (except signature)

**DATE:** \_\_\_\_\_

**MINISTRY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**EXPENSE: (please describe and attach receipts)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Expenses:** \$ \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**ACCOUNT(S):** \_\_\_\_\_

**REIMBURSED BY CHECK NUMBER (if stub not attached)** \_\_\_\_\_