

Concordia Lutheran Church

Youth Funds - Expense Reimbursement Form

Date: _____

a) Item/Service Requested: _____

OR

b) Event/Reason: _____

Requested By (name): _____

Expense Fund Category (required, split as needed):

Budgeted Youth Program (church budget)	\$ _____	(Concordia Fund#, QB #)
Youth Fund (funds raised for youth activities)	\$ _____	(Concordia Fund#36, QB #1253)
National Youth Gathering – 2015	\$ _____	(Concordia Fund#36, QB #1262)

Other (specify) _____ \$ _____

Other (specify) _____ \$ _____

TOTAL \$ _____

INVOICE/RECEIPT INFORMATION:

Attach Invoice or Receipts (tape to 8x10 paper, if small receipts) to this form.

If travel reimbursement:

Miles traveled: _____ X 0.575 = \$ _____

Location traveled: _____

CHECK REQUEST:

Payee: _____ Payee Phone#: _____

Payee Address: _____

Amount: _____ Needed By: _____

Reason: _____

TREASURER TRACKING

Date Processed: _____

Check Number: _____

Expense Category(s) Charged: _____