

Reimbursement Request Form

Indianapolis International Christian Church



Name: _____
 Address: _____

 Region: Indy ICC
 Inclusive Dates: _____

- Advance
- New Request
- Submission of Receipts
- Other

Receipts for all expenses incurred must be attached.

Date Incurred	Description of Expense - (e.g. - meals, ministry supplies, office supplies, telephone, etc.)	Amount of Expense	Vendor Name	Description of Business Purpose of the Event or Activity	Event Attendees
SUBTOTALS					

Requestor's Signature: _____ Date: _____
 Ministry Approval's Signature: _____ Date: _____