

Emganwini Ward

EXPENSE REQUEST

Purpose of Expense

Reimbursement

Advance

Requestor

Name

Date

PAY TO

Name

Address

PURPOSE OF EXPENSE

Reason

Category

Amount

Category

Amount

Category

Amount

Category Options

Activities

Distribution Center Charges

Primary

Young Men

Administration

Elders Quorum

Relief Society

Young Women

Budget Allocations

High Priests

Single Adults

Youth Activities

Curriculum

Library

Sunday School

Local

Total

An expense form similar to this should be used for each expense, including a place for the unit leader's signature, the name of the person the money will be paid to, a description of the expense, the budget category or organization that incurred the expense, the amount of the expense, the amount of sales tax (if applicable), and any other necessary information. Original documents of proof of the expense should be attached and are preferred, if possible. These could include sales receipts, bills, or invoices.

For Clerk Use Only

Signature of Bishop (Optional)

Date

For security purposes do not send electronically when EFT information is included. Cut on the dotted line and destroy after use.

ZWE FCB DTA USD

Payee

Bank Code

Bank Account Number