

**EXPENSE REQUEST**Reimbursement Advance **Requestor**

|      |      |
|------|------|
| Name | Date |
|------|------|

**PAY TO**

|      |
|------|
| Name |
|------|

Address

**PURPOSE OF EXPENSE****Reason**

| Category  | Amount   |   |   |       |
|---|--|---|---|-------|
| Category  | Amount   |   |   |       |
| Category  | Amount   |   |   |       |
| Category Options  |  |   |   |       |
| Activities<br>Distribution Center Charges<br>Primary<br>Young Men | Administration<br>Elders Quorum<br>Relief Society<br>Young Women | Budget Allocations<br>High Priests<br>Single Adults<br>Youth Activities | Curriculum<br>Library<br>Sunday School<br>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 \_\_\_\_\_