Emmanuel Bible Church
8512 Sunnyview Rd. N.E.
Salem, Oregon 97305-9548

REIMBURSEMENT REQUEST

Name of Person Submitting Request:	
Date Submitted:	
Reason for Expenditure:	
Purchase Order Number:	

Date	Department Charged	Description	Total

Totals

Note: Please attach original receipts and/or proof of expenditure for each item listed above. Attach items **behind** this page.

OFFICE USE	
Date Paid	
Check Number	

SIGNATURE

Name Date

AUTHORIZATION SIGNATURE:

Name Date