## **EXPENSE REIMBURSEMENT FORM**

(Staff, Board, and Members Only)

Love Fellowship Church Of God In Christ, Inc. 5707 Parker Road \* Houston, TX 77016 \* (713) 635-7690 \* www.lovethefellowship.org

Today's Date					Date Re	Date Rec'd by Board			
Name/Payee									
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			<b>,</b>						
☐ Check if new address			Street Address						
				T	1				
			City						
					State		Zip Code	Code	
Reason for Expense									_
Treason for Expense									
			ITEMIZED EXPENSES						
All Items must have a receipts attached, without receipt item may be subject to non-payment.									
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		V	Vas there an advance given: ☐ Yes ☐ No						
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Less advance amount									
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Requested by	1			Total Check	Amount				
requested by								H	
Approved by						Date A	pproved		
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