

WHITESBURG BAPTIST CHURCH



Reimbursement Request Entertainment Expenses (All expenses \$25 or more require a receipt.)

Name					Date	
Date	# of Persons	Total Bill Amount	% Reimbursable	\$ Reimbursable	Comments – Must be specific. State purpose of meeting and list names of attendees that qualify for reimbursement. Please attach receipts.	
Total						

I certify that the above charges are accurate.

Employee's Signature Date

Manager's Signature/Approval Date

Entertainment Reimbursement

\$ _____

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For Administration Use Only

Date Received:

Date Paid:

A/P Initials: