

Frisko Masjid

11137 Frisco Street, Frisco TX 75034

EXPENSE REIMBURSEMENT FORM

Date _____

Make Check Payable to _____

Send Check to:

Name _____

Address _____

City/State/Zip _____

Expenditures:

Attach your original transaction receipt.

[]	_____	\$	_____
[]	_____	\$	_____
[]	_____	\$	_____
[]	_____	\$	_____

TOTAL _____

INSTRUCTION:

Original invoices should be stapled to the back of this form.
All invoices must be submitted prior to the end of the fiscal year.
Keep a copy of this form and all invoices for your records.

For Office Use Only:

Check # _____ Date _____ Account # _____

On the attached EXPENSE REIMBURSEMENT FORM I have checked the expenditures for _____ in the amount of \$ _____. I have reviewed the invoices related to the expenditure and find it in order. I authorize the amount to be paid.

Accountant Signature _____

Date _____

Authorized by _____