



EXPENSE REIMBURSEMENT FORM

11137 Frisco Street; Frisco, TX. 75033 • (469) 252-4532 • Shurah@friscomasjid.org

Date: _____ Check Payable to: _____

MAILING ADDRESS:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LIST OF EXPENDITURES:

For reimbursement, please attach all original invoices/receipts to this form for consideration. Without said invoices, form is deemed incomplete and cannot be process.

	Purpose	Store	Amount
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____

Signature: _____

Total: \$ _____

Office Use Only:

Check # _____ Date: _____ Account#: _____

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

Accountant Signature: _____ Date: _____

Authorized by: _____ Date: _____