

\*\*Please print on yellow paper

# St. Andrew Methodist Church Staff Reimbursement Report

Name \_\_\_\_\_ Date \_\_\_\_\_

### Entertainment and/or Business Meals

Account Charged	Date of Event	Name of Person or Group Entertained	Time and Place	Nature and Purpose of Entertainment	Amount

### Miscellaneous/Program Expenses

Account Charged	Date Purchased	Description of Expense	Amount	
				<input type="checkbox"/> <b>Staff Reimbursement</b>
				<b>Total Amount</b>
				<b>Employee Signature</b>
				<b>Approval</b>

*Attach all receipts, statements and any other pertinent information*