GPASC EXPENSE REIMBURSEMENT FORM

Trusted Servant Name:

Position:

Expense Period

From:

To:

Purpose (Event, Function, etc.):

Date and Location of Event (if applicable):

Itemized Expenses

Date	Description	Category	Amount
		SUBTOTAL	
		Less Any Advance	
		TOTAL REIMBURSEMENT	

Don't Forget to Attach Receipts!

Trusted Servant Signature Date

Reimbursed by Check # _____

Treasurer Signature Date