



Oregon Conference

of the Free Methodist Church

EXPENSE REPORT / REIMBURSEMENT REQUEST

Expense Date/s: _____

Total Expense: _____

Amount Requested: _____

Expense Description: _____

NAME of Payee: _____

MAILING ADDRESS of Payee: _____

Person/Church Submitting Request: _____

Signature: _____

For Office Use

Budget Designation: _____