



# Oregon Conference

of the Free Methodist Church

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## EXPENSE REIMBURSEMENT REQUEST

### EXPENSE REPORT and/or REIMBURSEMENT REQUEST

Person/Church Submitting Request: \_\_\_\_\_

Expense Date/s: \_\_\_\_\_

Total Expense: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (if different than above)

Expense Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name/Address of Payee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Authorized by: \_\_\_\_\_