Good Shepherd Presbyterian Church
1400 Killian Hill Road, Lilburn, GA 30047
770-921-7434

Expense Reimbursement Form

*Note: **Original** receipts must accompany this form to receive reimbursement. Please tape itemized receipts to a sheet of paper. Please turn this in to the bookkeeper within 30 days of purchase date.

Make check payable to: _____

Address _____

_____

_____

Check should be: Mailed ____ Hold for pick up _____

Date of purchase	Description of items	Acct to charge	Dollar Amount

Total Amount _____

Requesters Name _____ Date submitted _____

Elder Approval _____ Date Approved _____

Date Bookkeeper entered in system _____ Check number _____