



East Bay Convoy of Hope Expense Reimbursement Form



(Attach original, itemized receipts and present to Team Leader for review and approval prior to submission)

Requesting Party: _____

(Name and signature)

Team: _____

Date: _____

Date	Vendor	Description	Budgeted Item (Yes/No)	Amount
			Totals:	

Make Check

Payable To: _____

Address: _____

Reviewed & Approved By: _____ **Team Leader** (name & signature)

Approved By: _____ **Finance Team**

Please check one of the following:

Mail Check Put in my box

Leave at front desk for pick up Return to: _____

Audited By: _____ **Bookeeping**