



**Connecticut Valley  
Adventist  
Church**

354 Foster Rd, South Windsor, CT 06074 Ph: (860) 644 - 6119  
www.ConnecticutAdventist.org

**EXPENSE  
REIMBURSEMENT  
REPORT**

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

\_\_\_\_\_  
Last Name, First Name Middle Initial

Mail Refund Address: \_\_\_\_\_

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Date	Merchant	Description	Amount	Department	Code
<b>TOTAL</b>					

*I certify that the above expenses were incurred for valid church reasons.*

Requester's Signature: \_\_\_\_\_

Dept. Head Approval Signature: \_\_\_\_\_

**INSTRUCTIONS:**

1. Please attach the receipts to this form that match the requested amounts (original or clear copies are accepted). Receipts smaller than 8.5x11 should be scotch taped (not stapled) to an 8.5x11 blank sheet of paper. Please do not put tape over the printing on the receipts. Include only one receipt per item. Group smaller receipts. Don't put just one receipt on a page. Circle on the receipt the items purchased for CVAC, if unrelated items were on the same transaction. Ensure amounts show clearly on photocopies.
2. Form must be signed by the requester and the dept head before submission to the treasury.
3. Completed and Signed forms may be placed in the treasurer's folder by the copier, or scanned and emailed to [treasurer@ConnecticutAdventist.org](mailto:treasurer@ConnecticutAdventist.org) along with all support documentation.

**For Treasury Use Only**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Bank Bill Pay Service?: Yes  No  Confirmation Code: \_\_\_\_\_

Treasurer: \_\_\_\_\_