Updated on 10/3/2021



## **EXPENSE REIMBURSEMENT FORM**

Oikos LA Church [964 S. Berendo Street, LA CA 90006]

| GENERAL INFORMATION  |             |                 |             |      |                 |               |            |     |               |
|--|-------------|-----------------|-------------|------|-----------------|---------------|------------|-----|---------------|
| Applicant Name: Select One                                   |             |                 | Select One: |      | Activities Team |               | Media Team |     | Pastoral Team |
| Date of Request:   |             |                 |             |      | Praise Team     |               | Petty Cash |     | Other         |
|  | ,           |                 |             |      |                 | 1             |            |     |               |
| OFFICE USE ONLY  |             |                 |             |      |                 |               |            |     |               |
| Department Director Approval                                 |             | Pastor Approval |             | Com  | ments:          |               |            |     |               |
|  |             |                 |             | Acco | ount #          |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 | Location Cost |            |     |               |
| Date   | Description |                 |             |      |                 | Loca          | ntion      | Cos | t             |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
| No reimbursement without receipt or valid proof of purchase. |             |                 |             |      |                 |               | Total:     |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
|  |             |                 |             |      |                 |               |            |     |               |
| Name on (  | Check:      |                 |             | Sign | ature:          |               |            |     |               |
|  |             |                 | 5.61        |      |                 |               |            |     |               |