



WILLIAMSBURG PRESBYTERIAN CHURCH
 215 Richmond Road, Williamsburg, VA 23185-3534

Expense Reimbursement & Payment Request Form

Date of Request: _____ Date Needed: _____

Check Payable to: _____

Address Line 1: _____

City/State/Zip: _____

Telephone: _____

Purpose of Expenditure (receipt or invoice documentation required): _____

Is this Expenditure within Budget? _____ No _____

Description	Ministry or Event	G/L Acct # / If known	Amount
TOTAL			

Payment Distribution:
 ____Mail to above address ____Payee to pick-up

Requested by: _____
 Signature

Approved by: _____
Ministry Moderator Signature - REQUIRED

Please be sure to staple or attach supporting receipts and invoices behind this form.

Please request reimbursement within 30 days of expense date whenever possible, and no later than 60 days after expense date.

Please direct questions to Director of Administration at 757-229-4235.