

Please use a tax exemption certificate (see office administrator) whenever possible to exempt Westgate Church from MA sales tax.

## Expense Reimbursement Form

Please draw check payable to (Print Name) \_\_\_\_\_ for purchased items listed below:

**Form Instructions: For reimbursement, please number your receipts, circle the applicable \$ amounts, and attach to Expense Reimbursement Form.**

<u>Receipt #</u>	<u>Date</u>	<u>Items Purchased</u>	<u>Supplier Name</u>	<u>Reason for Purchase</u>	<u>Ministry (Account)</u>	<u>\$ Amount</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____

**TOTAL > > \$** \_\_\_\_\_

Submitted by: (Print Name) \_\_\_\_\_ Date submitted \_\_\_\_\_

Signature: \_\_\_\_\_ My daytime telephone number, in case there are questions: \_\_\_\_\_ - \_\_\_\_\_

**Instructions for check:**  Please leave check with (Print Name) \_\_\_\_\_

Please mail check to (Print Name) \_\_\_\_\_

To this address: \_\_\_\_\_

**Please leave this form in the Bookkeeper's mailbox. Thank you!**

**BOOKKEEPING USE ONLY:** Price extensions and totals checked by (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Accounting review and approval by (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Paid by check no. \_\_\_\_\_ Dated \_\_\_\_\_

As of June 2024