

Reimbursement Request or Expense Authorisation Form

Please attach all receipts/invoices to this form

<p>Requestor. All expenditure (reimbursements and advances) must be approved by the bishop before any payment is to be made. Appropriate documentation must be provided with request.</p> <p>Bishop. Review and sign form. Give the form to the ward clerk.</p>	<p>Clerk. Prepare the transaction in MLS based upon the information provided below. Transmit to the Church for payments to be processed and paid.</p> <p>NOTE: <i>The term bishop also refers to branch president and stake president.</i></p>
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Requestor Name (please print):	Payable to:
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This request is: A reimbursement An advance payment To pay invoice

	Purpose/Description; please do not enter just 'Fast Offering'	Organisation	Amount
1			
2			
3			

Total amount requested:	-
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Requestor Signature	Date
Organisation President Signature	Date
Bishop/President signature	Date

The requestor confirms that the amount requested for reimbursement was used in accordance with Church guidelines. Proper documentation and receipts are attached .

Clerk Use Only

Reference (invoice, customer, account) Number	
Fund / Category	
Member Number (Welfare support only)	
Date entered in MLS	
Clerk signature	Date

In compliance with Church data-privacy expectations: after MLS data-entry please detach and destroy bank information

Member/Vendor Electronic Funds Transfer (EFT) Bank Account Details	
Bank Name	
Bank Account Name	
Sort Code	
Account Number	