

APLC Expense Request Form

Name: _____

Address: _____

Date: _____

Choose One:

_____ Requesting reimbursement check

_____ Vendor will bill APLC

_____ Record purchase as "Gift In Kind" (amount to be included on giving statement)

Spending Account Number: _____

Council Liaison: _____

Council Liaison's Signature: _____
(required for requests exceeding \$100)

Please note in order to receive reimbursement:

- Attach receipts to this form
- If request includes sales tax the receipt must contain only items purchased for the church (for DORNC filing). If personal items are on the receipt you will not be reimbursed for sales tax on that receipt.
- Spending account number must be included, see your council liaison for information.
- Un-budgeted items or services require council's approval before purchasing.
- Turn in complete form to the secretary for distribution to appropriate finance team member.