westcohasset chapel

Expense Reimbursement Form

24650 State Hwy. 6 Cohasset MN 55721

218.999.9030
www.westcohassetchapel.com

Date:
Ministry:
Volunteer:

Date	Item(s)	Use	Ministry	Cost per Item	Quantity	Total

Please note that we do not reimburse sales tax

Expense Summary	
Subtotal of Expenses Reported	
Less Cash Advance	
Total Due	

Mileage$.50/mile

Signature_____

Date:_____ Approved by_____

Updated 5/2012