

# SONLIGHT CHRISTIAN ENRICHMENT PROGRAM

## EXPENSE REIMBURSEMENT REQUEST FORM

**Person Submitting Request for Payment:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Class Name: \_\_\_\_\_ Class Hour: \_\_\_\_\_ Grade: \_\_\_\_\_

Class Semester: \_\_\_\_\_ # in Class: \_\_\_\_\_ (x) Class Fee: \$ \_\_\_\_\_ (=) Total Budget: \$ \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ (if different from person submitting request)

### Voucher of Actual Expenses

DATE OF RECEIPTS	EXPENSE DESCRIPTION	EXPENSE PURPOSE	SCEC PROPERTY	AMOUNT

Total Requested Reimbursement: \$ \_\_\_\_\_

Account Balance: \$ \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Reimbursable Amount: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Person Receiving Payment: \_\_\_\_\_

Audited by: \_\_\_\_\_ Date: \_\_\_\_\_