Tampa Bay ICC

General Expense Reimbursement Form

Name: _____

Address: _____

_____

Region: TBICC

Inclusive Dates: _____

- [ ] **ADVANCE**
- [ ] **New Request**
- [x] **Submission of Receipts**
- [ ] **Other**

Receipts for all expenses incurred must be attached.

Date Incurred	Description of Expense - (e.g. - meals, ministry supplies, office supplies, telephone, etc.)	Amount of Expense	Vendor Name	Description of Business Purpose of the Event or Activity	Event Attendees
			(Less Advance Received)		
SUB TOTAL					

Requestor's Signature:_____ **Date:** _____

Ministry Approval's Signature: _____ **Date:** _____

Updated: October 2020