TAMPA BAY
INTERNATIONAL CHRISTIAN CHURCH

General Expense Reimbursement Form

Name: _____

Address: _____

_____

Memo: _____

Inclusive Dates: _____

☐ REQUEST

☐ SUBMISSION

Attach Receipts For All Expenses.

Date Incurred	Vendor Name	Expense Description	Expense Amount
		SUBTOTAL	
		AMOUNT APPROVED (TBICC USE ONLY)	

Requestor Signature: _____ Date: _____

TBICC Approval Signature: _____ Date: _____

Updated August 2025