



## Expense Reimbursement & Participant Approval Form

Mail Volunteer Reimbursement to:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_ Program Location: \_\_\_\_\_

Date of Expense	Budget Account	Vendor Name	Purpose of Expense	Amount
Total				

**I certify I have submitted valid program expenses.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

Participant Name	Budget Account	Purpose	Amount
Total			

**I certify the participants in the program are approved for support for next month.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

**OFFICE USE ONLY**

**Approved by Anew Ministries as valid expenses for the program and participant support.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Janell Rottier, Executive Director

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_