

Grace Christian School Reimbursement or Invoice Submission Form

For reimbursement of expenses, please fill out the following information and attach the receipt or copy of receipt. For payment of invoices, please attach the original and any copies of the invoice or statement for each line item. Submit to the Business Office.

Description and Purpose	Budget Line to be Expensed	Amount

Reimbursement paid to: _____

Submitted by: _____ Date: _____

Authorizing Signature: _____ Date: _____

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