

**Grace Episcopal Church
Expense Authorization Form**

Date: _____

Expense To:

Committee/Department: _____

&/or Budget Category: _____ Account Code: _____

Payable To: _____

Address: _____

Describe Service/Product: _____

Pre-Pay Amount: \$ _____ Reimbursement Amount: \$ _____
(Please Attach Invoice or Sales Receipt)

Remittance Due Date: _____ Authorization Date: _____

Committee Chair's – Signature

Administrator's Authorization

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