



Expense—Reimbursement Form
Petty Cash Request Form

Emmaus of the Midlands

Date: _____

Requested by: _____

Amount: _____

Actual Estimate

Receipts Attached No Receipts Attached

Description: _____

Approved by: _____ Date: _____

Approved by: _____ Date: _____

Treasurer Use Only

Amount Paid: _____ Check #: _____

Date: _____

Paid To: _____

Memo: _____