

**AGAPE CHRISTIAN CHURCH**

16314 Aspen Street  
Fountain Valley, CA 92708



**EXPENSE REIMBURSEMENT**

PAYEE: NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

**TOTAL AMOUNT**

MINISTRY \_\_\_\_\_

DESCRIPTION OF EXPENSES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAYEE SIGNATURE

AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

(Name of authorized representative)

Check Number \_\_\_\_\_

\_\_\_\_\_

(Title of authorized representative)

PAID

\_\_\_\_\_