

Expense Reimbursement Form



A Bengali Religious & Cultural Organization
P.O. Box 4874, Troy, MI 48099-4874
www.bichitra.org

Expense Reimbursement Form

Name of Person: _____ Signature _____ Date: _____

Expense Amount: \$ _____ Description _____

Advance Payment: \$ _____ Reason for Advance _____

Reimbursement Amount: \$ _____ Comment _____

Expense Fund/Event Category [Circle One]

- | | | |
|-----------------------------------|--------------------------|----------------------------|
| Central Fund | Social Services Fund | Path Bhaban Fund |
| Picnic Event | Durga Puja Event | Bijaya Event |
| Christmas Event | Saraswati Puja Event | Nababarsha Event |
| Drama Program Event | Music Program Event | Youth Program Event |
| Educational Program Event | Charitable Program Event | Fund Raising Program Event |
| Other Fund/Event [Describe] _____ | | |

Expense Item-Type Category [Circle One]

- | | | |
|----------------------------------|---------------------------|--------------------------------|
| Accommodation and Rental | Award and Prize | Book and Material |
| Bank and Finance Charges | Conference and Meeting | Educational Projects Donations |
| Equipment and Utensils | Food and Beverage | Legal and Professional Fees |
| Other Miscellaneous Charges | Postage and Shipping | Printing and Publication |
| Program and Performer | Relief Project Donations | Storage and Transportation |
| Supply and Decoration | Telephone and Fax Charges | Trip and Outing |
| Other Item-Type [Describe] _____ | | |

Expense Authorization

Name _____ Title _____ Signature _____

Voucher Number _____ Check Number _____ Cash _____ Date _____