

Expense Reimbursement Form



Bichitra



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 _____