Trinity & St. Philip's Cathedral
Business Expense Reimbursement Report

Report Date: **Budget Line:** **Period** **From** **To**

Vestry Resolution # If Applicable:

First Name: **Lastname**

Email Address:

Itemized Expenses:

Date	Description	Cost

Sub Total	$0.00
Less Cash Advance	
Total Expenses	$0.00

Please describe expense purpose

Signatures:
Requester's Name:

Approved By:
Church OfficerTitle: Dean Warden Treasurer