

**Trinity Baptist Church
300 N. Benson Road
Fairfield, CT 06824**

Expense Reimbursement / Check Request Form

Date: _____

Pay To: _____

Item(s)	Budget #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grand Total: _____

Requested By: _____ **Approved By:** _____