

**Sandy Plain OFWB Church  
Expense Reimbursement Form**

Requested By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Amount: \_\_\_\_\_

Description of Expense:

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Mailing address where you would like your check mailed:

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Please attach all related receipts. Expense reimbursement forms, along with the related receipts, can be placed in the Treasurer's box in the church or mailed to:

Attn: Treasurer  
Sandy Plain OFWB Church  
PO Box 957  
Beulaville, NC 28518