Dayspring Walk to Emmaus, Inc.
Expense Reimbursement Form

Name: _____ Date: _____

Address: _____

Walk Number: _____

_____

_____

Non-Walk Related: _____

Phone: _____

Vendor/Description	Date	Agape	Kitchen	Housing	Music	Secret Angels	Worship	Other	Amount
Subtotal									
Less: Cash Advance									
Total Amount to be Reimbursed									

Member Signature: _____ Approval Signature: _____

Date: _____ Date Paid: _____

Attach Invoices Check Number: _____