Bethania Lutheran School

REIMBURSEMENT APPLICATION

Complete the applicable sections of this form and submit to your direct supervisor for Authorisation[1].

Last name:	First name:
Position:	

Expenditure Details	Budget	Amount
	Total Reimbursement	

Justification:

Signature:	Date:

1ˢᵗ Approval use:

Application Status: Approved / Declined	Date:
Position:	**Signature:**

2ⁿᵈ Approval use:

Application Status: Approved / Declined	Date:
Position:	**Signature:**

Data Entry use:

GL Code	Date Processed:

[1] *Reimbursements will be processed via payroll, unless otherwise approved.*