



New Era Missionary Baptist District Association

"To Serve This Present Age" · Greater Kansas City, Missouri · Est. 1909

EXPENSE REIMBURSEMENT REQUEST

Voucher No. (office use)

SECTION 1 · REQUESTER INFORMATION

Full name

Position / title

Date submitted

Church

Phone

Email

Mailing address (street, city, state, ZIP)

Auxiliary / department to be charged (check one)

☐ Parent Body

☐ WMU

☐ Laymen

☐ Ushers & Nurses

☐ Music

☐ Christian Education

☐ Camp

☐ Van

☐ YYA

☐ Evangelism

☐ Ministers' Wives & Widows

☐ Pastors & Ministers Conf.

☐ LB Parker

☐ CUT

☐ Other: _____

SECTION 2 · PURPOSE OF EXPENSE

Event / activity

Event date(s)

Business purpose — how this expense served the District

Was this expense approved in advance? ☐ Yes ☐ No

Approved by

Date approved

Authorization (meeting / minutes reference)

SECTION 3 · ITEMIZED EXPENSES (ATTACH AN ORIGINAL RECEIPT FOR EVERY ITEM)

Date	Vendor / payee	Description of item or service	Category	Receipt	Amount (\$)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

Categories: Travel / mileage, Lodging, Meals / food, Supplies, Printing, Postage, Registration fees, Honorarium, Utilities, Other

Mileage (if applicable)

Miles driven _____ × rate \$ _____ per mile = \$ _____

Route / trip _____

Mileage rate as approved by the Executive Board.

Subtotal of itemized expenses

Mileage

Less: advances already received

TOTAL REIMBURSEMENT REQUESTED

SECTION 4 · PAYMENT

☐ Check — mail to address above

☐ Check — hold for pickup

☐ Other: _____

Make check payable to (if different from requester)

SECTION 5 · REQUESTER CERTIFICATION

I certify that the expenses listed above were incurred by me on behalf of the New Era Missionary Baptist District Association for the purpose stated; that they are true, accurate and not personal in nature; that original receipts are attached; and that I have not been, and will not be, reimbursed for these expenses from any other source.

Requester signature

Date



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SECTION 6 · APPROVALS

All payments must be voted by the Association and/or the Executive Staff. Vouchers are written and signed by the Executive Secretary, Finance Chairman or Moderator, and District checks require two of these three signatures. (Constitution Art. IX, Sec. 1 & 3; By-Laws Art. I, Sec. 2-3)

Auxiliary / Department Head

Signature _____ Date _____
Printed name _____

Moderator

Signature _____ Date _____
Printed name _____

Executive Secretary

Signature _____ Date _____
Printed name _____

Finance Chairman

Signature _____ Date _____
Printed name _____

☐ Approved ☐ Approved as adjusted — amount \$ _____ ☐ Denied — reason: _____

SECTION 7 · FOR OFFICE USE ONLY — EXECUTIVE SECRETARY / TREASURER

Voucher No.	Check No.	Date paid	Amount paid (\$)
_____	_____	_____	_____
Fund / auxiliary charged	Recorded in ledger by	Date recorded	
_____	_____	_____	
Notes _____ _____ _____			

INSTRUCTIONS

1. Complete Sections 1 through 5 on page 1, then sign and date the certification.
2. Attach an original, itemized receipt for every expense, showing the vendor, date, items purchased and amount paid. Staple receipts behind this form, numbered to match their lines in Section 3. A bank or credit card statement alone is not a receipt.
3. Expenses should be approved before they are incurred. Anyone expecting payment from the District must present the bill for approval before any money is paid out (By-Laws Art. II, Sec. 1).
4. Submit the completed form and receipts to the Executive Secretary, who records all District monies and writes all vouchers (Constitution Art. IX, Sec. 3).
5. Personal expenses and items not related to District business are not reimbursable. Incomplete forms or forms without receipts will be returned.
6. Reimbursement is paid by District check, signed by two authorized signers. Keep a copy of this form for your records.