

**Expense Form**  
Mid-Michigan Emmaus Community

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

| Item # | Item Category and description | Amount |
|--------|-------------------------------|--------|
| 1      |                               |        |
| 2      |                               |        |
| 3      |                               |        |
| 4      |                               |        |
| 5      |                               |        |
| 6      |                               |        |
| 7      |                               |        |
| 8      |                               |        |
| 9      |                               |        |
| 10     |                               |        |
|        | Total                         |        |

Categories: Auxiliary refund, Agape room supplies, books, candles, groceries, kitchen supplies, photography, postage, printing, snacks, walk supplies, team training, food refund office supplies

Please attach receipts to this form and mail to the board treasurer  
Teresa Gill  
607 Green Ave.  
Bay City, MI 48708-6846

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**Do Not Write Below This Line**

Check Number: \_\_\_\_\_

Date reimbursed: \_\_\_\_\_