

**Hindu Temple and Cultural Center of South Carolina
5703 Kiawah Rd, Columbia SC 29212**

Expense Reimbursement Form

Please provide following information:

Your Full Name:		Today's Date:	
Address:	Street:		
	City, state & Zip:		
Phone Number:			
Date of Expense:		Occasion:	
Purpose of expense			
Prior approval by (required for expenses more than \$50.00):			

Please provide details of the expenses below:

No.	Description of expenses/items bought	Receipt attached (circle one)	Expense Amount(\$)
1		yes / no	
2		yes / no	
3		yes / no	
4		yes / no	
5		yes / no	
6		yes / no	
Total:			

I here by declare that the information provided above is true to my knowledge and above listed expenses were made by me on behalf of Hindu Temple and cultural center of south carolina.

Signed by:

Date:

Temple Use only Approvers Name & Signature
Treasurer's remarks

Guidelines for expense reimbursements:

- 1 Reimbursement requests must be received within 30 days from the date of expense.
- 2 Original receipts are required for reimbursement of all expenses.
- 3 Prior approval is required for any expenses more than \$50
- 4 Mail the completed form to : HTCCSC 5703 Kiawah Rd, Columbia SC 29212
- 5 Please include additional forms, if filing for more than 6 expense items.