



MINISTRY RELATED EXPENSE CLAIM FORM

Visa Charge: Newman: ___ Parsons: ___ Card: ___ Eddy: ___ Bowers: ___ Nichol: ___

Reimbursement: ___

- Before you turn in your claim ensure that all sections are filled out.
- Receipts are attached to the back of the form.
- Signed and dated at the bottom.
- Obtained the Ministry Director's signature and Pastor's signature responsible for that ministry.

Ministry: _____

Expense Account Allocation: _____

Date	Description of Items	Subtotal	Tax	Tip/Del.	Total Cost
Totals					

Ministry: _____

Expense Account Allocation: _____

Date	Description of Items	Subtotal	Tax	Tip/Del	Total Cost
Totals					

Your Signature: _____

Date: _____

Ministry Directory's Signature: _____

Date: _____

Pastor's Authorization: _____

Date: _____