



Name \_\_\_\_\_

Ministry \_\_\_\_\_

Date \_\_\_\_\_

Treasurer Notes: _____ _____ Date Paid: _____ Check #: _____
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Date	Payable To	Code	Nature of Expenses	Amount	Remarks
				\$	
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				\$	
<b>Total Expenses Amount:</b>				\$	

Please fill in completely and staple original receipts to this report.

\*Budget Item – CODE

Worship	W	Building Maintenance	BM
Supplies	S	Conference	C
Education	E	Equipment	E
Fellowship	F	Library	L
Miscellaneous	MISC	Mission	M
Multi-Media	MM	Office	O
Utility	U	Special Programs	SP

Prepared By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Commissioner: \_\_\_\_\_  
 Print Name: \_\_\_\_\_