Providence Christian Church

Expense Report For Reimbursement

Name:_____

Date:_____

Please complete the following form and attach all original related receipts.

RECEIPTS

Description	Amount	Budget Item

TOTALS PER BUDGET ITEM

Administration	
Bank Services	
Benevolence	
Building Insurance	
Building Mortgage	
Building Renovations	
Building Upkeep	
CNBC	
College & Careers	
Communications	
Communion	
Counseling	
Discovery	
ECBA	
Evangelism	
Gifts	
Heat/Electricity	
Honorarium	
Hospitality	
Ladies Ministry	
Leadership Retreat	
Leadership Training	
Library	
Mens Study	
Miscellaneous	
Missions	
Missions Salary	
Nursery	
Pastoral Salary	
Seminary	
Studies Material	
Sunday School	
VBS	
Water/Sewer Taxes	
Worship Team	

Total Amount of Expenses
Submitted for Reimbursement:_____

Signature:_____

OFFICE USE ONLY

Authorized By:	Cheque No.:	Date: