_____ CHURCH

EXPENSE REPORT

Treasure's Note:
Date Paid:
Check Number:

Date	Payable To	Code	Nature of Expenses	Amount	Remarks
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
			Total Expenses Amount:	$	

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

***Budget Item – CODE**

Building (New Construction)	B	Building Maintenance	BM
Book Store	BS	Conference	C
Education	E	Equipment & Supply	ES
Fellowship	F	Library	L
Miscellaneous	MISC	Mission	M
Multi-Media	MM	Office	O
Utility	U	Worship	W

Prepared By: _____

Date: _____

Committee Chair: _____

Print Name: _____