



MINISTRY CREDIT CARD STATEMENTS

BILLING PERIOD: From _____ to _____

YOUR NAME: _____

Transaction Date	Transaction Description	Transaction Amount	Account Number	Signature for use of an account number managed by someone else

Please attach proper support information to verify all listed transactions.

Signature: _____ Date: _____

FINAL APPROVAL:

Signature: _____ Date: _____

Executive Pastor

GUIDELINES:

1. Fill out this form encoding each transaction with an account number that you manage. If you intend to bill an account that you don't manage, then you will need their signature.
2. Please turn this in to the Pastor of Business and Administration within 3 business days
3. You must attach a receipt for each transaction. Failure to provide receipts could result in your card being revoked.