



Ministry Expense Report

Revision 06-27-2022

DATE: ___/___/___

Period Covered: From ___/___/___ to ___/___/___

Make Check Payable To: _____

	Item	Comments	Amount	Account Number
1	Ministry Miles	___ X\$0.625=___		Admin/ Mileage
2	Ministry Meals			
3	Hotel Expense			
4	Conference Expense			
5	Books			
6	Periodicals			
7	CD's /DVD's			
8	Office Supplies			
9	Ministry Phone calls /Cell			Admin/Cell Phone Allowance
10	Other Ministry Expenses			

Total Amount Requested \$ _____

Please attach proper support information to verify all listed expenses.

Signature: _____

Signature of Executive Pastor: _____

Remarks: _____

INSTRUCTIONS:

- All mileage reimbursements must be substantiated.
- Include receipts for all single amounts over \$25.00.
- Fill out form in duplicate, keep one copy for your records.
- Include explanation of all unusual expenses.