

Expense Report Form

Hamilton Community Church of Seventh-day Adventists
(Please complete and return to kimhcc@gmail.com)

Name: _____

Address: _____

Home Ph#: _____ **Daytime Ph#:** _____

The Expense Report Form must be signed and turned into the church secretary within 30 days of purchase. Please allow 1 week for processing. Checks will be mailed to the address above unless marked "for pickup" on the form.

ALL RECEIPTS MUST BE ORIGINAL AND SHOW PROOF OF PAYMENT TYPE
i.e. LAST 4 DIGITS OF CARD USED OR CHECKING/CHECK #, ETC

DATE OF PURCHASE	MINISTRY ACCT #	MINISTRY NAME	ITEM(S) PURCHASED/ REASON (reason for purchase)	AMOUNT
TOTAL:				

Signature of Department Leader: _____

PLEASE REMEMBER TO ATTACH YOUR RECEIPTS!