Church
Expenses

Note: Turn in receipts monthly. Please put in order of the paper.

Department

Category #	R or D	Date on Receipt	Amount	Expense Description & Notes
	R or D			
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Total Receipt Items

CATEGORIES **R= Reimburse** **D=Donation Receipt**

1) Church Expense 2) Church Improvement 3) Friendship House 4) Flower 5) Decorating 6) Pathfinders 7) Personal Ministries 8) Potluck Supplies 9) School Building 10) Sabbath School 11) Social Committee 12) Women's Ministries 13) Baptism 14) Health Classes 15) VBS 16) Outreach

17) Other_____ **18) Other_____** **19) _____**

Date Handed in_____ **Signature _____**