CONNECTION COMMUNITY CHURCH

EXPENSE REIMBURSEMENT

Name: _____ Date: _____

Address: _____

Vendor: _____

DATE	ITEMIZED DESCRIPTION OF EXPENDITURE	AMOUNT

Receipts must be turned in no later than 30 days from purchase.

Signature of Recipient of Check: _____

Signature of Ministry Coordinator: _____

Make Check Payable To: _____

Date Paid: _____ Check #: _____

UPD 7/2022