EMPLOYEE MONTHLY EXPENSE REPORT

Name		Production/Description		Date	
Date	Payee/Place	Ministry Purpose (Activity/Event and Nature of Discussions or use space for Description of Expenditure)	Ministry Relationship (Name of Guest(s) and Position/Title or use space for Additional Support)	Amount (See Note 3)	Account Number To Be Charged
				\$	
			+		
			+		
Note 1 - All employee expense reimbursements must be properly substantiated in accordance with the ministry's "Accountable Expense Reimbursement Policy". Each employee should have a copy of this policy for their review Total of Above Expenditures Less Expense Advances Dated:				\$ ()	
Note 2 -	ote 2 - Expense reports should be turned in for reimbursement on a monthly basis. Less Amount Charged on Ministry Credit Card			()	
Note 3 -	e 3 - Receipts or written evidence must be attached supporting all expenditures. Balance Due To (From) Employee IRS requires such documentation for all expenditures of \$75 or more.			\$	
	Employee's Signature			Date	
	Approved By			Date	