DARDENNE BAPTIST CHURCH
Expense Form

Member Name:

Purpose and/or Comments:

Itemized Expenses

DATE	DESCRIPTION	BUDGET CATEGORY	COST
		SUBTOTAL	$
		Less Cash/Check Advance	( )
		TOTAL EXPENSES AND/OR REIMBURSEMENT REQUESTED	$

Please Provide Totals for Multiple Category Entries.

	$
	$
	$
	$

Member Signature **Date**

Don't Forget to Attach Receipts.

Expense checks will be made available on the 15th and 30th of each month for expense forms submitted by the 12th and 27th.