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 Reimbursemen Policy." Each employee should have a copy of this policy for their review.

Note 2 - Expense reports should be turned in for reimbursement on a monthly basis.

Note 3 - Receipts or written evidence must be attached supporting all expenditures. IRS requires such documentation for all expenditures of $75 or more.

Total of Above Expenditures	$ 0.00
Less Expense Advances Dated :	( )
Less Amount Charged on Ministry Credit Card	( )
Balance Due To (From) Employee	$ 0.00

Employee's Signature _____ Date _____

Approved By _____ Date _____

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