

Ministry Department: Print Name:						
 Before you turn in your claim ensure that all sections are filled out. Receipts are attached to the back of the form. Signed and dated at the bottom. Obtained the Ministry Director's signature and Pastor's signature responsible for that ministry. 						
Min. Code	Date	Description of Items	Subtotal	Tax	Tip/Delivery	Total Cost
(office will complete)					Amount	
Your Signature:				Date:		
Ministry Directory's Signature:				Date:		
Pastor's Authorization:				Date	e:	