

## SAINT JOHN AFRICAN METHODIST EPISCOPAL CHURCH 708 15TH STREET NORTH, BIRMINGHAM, ALABAMA

Circle One

Expense Report

Cash Advance

Check Payable	e To:						
PURPOSE OF	EXPENSE:						
NAME OF MIN Expenses:	NISTRY/BOARD/A	UXILIARY:					
Date	Description	Transportation/Mileage (\$.535per mile)	Offering	Lodging	Other		Total
Receipts must b	e attached to expen	ase form.			Subtotal		\$
The state of the s					Less Cash Advance/ Credit Card Charge		\$
					Total owed to you		\$
					Total due		\$
Cash Advance:							
Date Budget Item		Description of Expense					Total
					Total		
Receipts must b	se form.			Total			
Requestor's Signature:				Da	ate:	//	
Aut		Da	ate:	//	, 		
Pastor Approval:				Da	ate:/	/	, 
<b>\</b>	SAINT JOHN	Processed	by:	Check	#:Date	à:	//
AFRICAN METHODI DOWNTOWN BIR	PowerChu	rch Keyed by:	Date:/				