

**CLAIM FOR EXPENSE REIMBURSEMENT
Faith Community Church
OCEAN SHORES, WASHINGTON**

CHECK PAYABLE TO _____

(Checks will be tacked to the office cork board for your pick up.)

PLEASE ATTACH RECEIPTS

Receipts must contain YOUR NAME, date, amount, store, details of items purchased, and indication of payment method.

No receipts, no reimbursement.

DATE	VENDOR	WHAT ACTIVITY	\$ AMOUNT	CODE

TOTAL AMOUNT FOR REIMBURSEMENT \$ _____

(All reimbursements are subject to pastoral approval.)

YOUR SIGNATURE _____

MINISTRY LEAD SIGNATURE _____

FREQUENT BUDGET CODES

101 Music, Decor	213 Children's	302 Kitchen
108 Janitorial	214 Prayer	304 Missions
109 Bldg. Maint.	217 Young Mom	312 Grief Share
111 Grounds	218 Library	320 Good News Club
202 Adult Ed	219 Men's	341 Shoebox
205 Oasis 7-12	220 Vehicle/Gas	401 Office Supply
208 VBS	221 Security	404 Equipment
210 Women's	225 Outreach	
211 Celeb. Rec.	230 GAP	
212 Anchor		