OCEANSIDE CHRISTIAN FELLOWSHIP

PLEASE USE THIS FORM FOR:

REIMBURSABLE EXPENSE CLAIMS & CHECK REQUESTS

Check to be written to: _____

Special Instructions (mail check, leave in my box, attachments, etc.): _____

_____

DATE	EXPENSE CLAIM(S)	AMOUNT	*Office Use: ACCT #*
	TOTAL:		

PLEASE ATTACH RECEIPTS: As a non-profit corporation in the State of California, it is our responsibility to validate all ministry expense claims.

I Certify that the above expenses were necessary in the performance of my ministry/job duties.

Claimant Signature: _____ **Date:** _____/_____/_____

Ministry, Event or Job Purpose: _____

Authorization Signature: _____ *(Deacon/Elder/Director of ministry involved)*

2nd Authorization is needed for check requests over $500.00: _____
(2nd signer may be any Elder, Pastor or the Director of Admin.)

FOR OFFICE USE ONLY

Date Pd: _____ **Account Number(s):** _____ _____

Check#: _____ _____ _____

Paid By: _____ _____ _____