Word of Life International Church

Expense Report Form

√ ***Check the one that applies - Do not combine***

- ☐ ***Report of WOL credit card charges made- Non Reimburseable***
- ☐ Report of WOL business account invoice expense
- ☐ ***Report of out of pocket expense for reimbursement***

√ ***Check if applicable.***

- ☐ *Previous approval obtained via Purchase Request Form (Attach copy of approved Purchase Request Form.)*

Name: _____

Ministry Name and Line Item No.: _____

Period Covered: _____

Date Submitted: _____

Ministry Leader's Approval: _____ Date: _____

Senior Pastor's Approval: _____ Date: _____

Office Manager's Review: _____ Date: _____

Treasurer's Review: _____ Date: _____

Date	Line Item No.	DESCRIPTION	Meals	Mileage		Gasoline	Parking	Tolls	Hotel	Tips	Other Cost	Total Cost
				# Miles	Amount							
		COLUMN TOTALS						Shipping and Handling Cost				
								Total Amount Charged to Credit Card - OR - Total Cash Advance Received:				
								TOTAL: DUE TO EMPLOYEE (DUE FROM EMPLOYEE)				