		Church of the Incarnat				
Date:		•				
		Addroop:				
Name:		Address:				
Phone:						
		Itemized Expenses				
Date	Description	Budget Category	Qty	Item Cost Total Cost		Cost
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			Subto	<u> </u>	\$	-
			Cash Advance		\$	-
				Expense	\$	-
		'		•		
Signature				Date		
By signing, I certify that to the best of my knowledge the information I provid			n I provide		nd true.	
Approval Signature				Date		
Manager or o	officer approval is required	for expenses to be reimburg	sed.			
***Please eı	nsure receipts are incl	uded, budget category is	s noted,	and purchase	e is auth	orized.
	I Use Only:					
Check Num Date:	ider:					
Amount:						

Return completed expense report with original receipts to: Church of the Incarnation

Church of the Incarnation 57 South Main Street, Suite 609 Harrisonburg, VA 22801*