Pauma Valley Community Church

Expense Report Form

Name: _____

Period Covered: From _____
To _____

Ministry/Dept: _____

Ministry/Dept Leader: _____

Date	Payee	Description	Account or Ministry	$ Amount $
			Subtotal	$ -
			Advances	
			Total	$ -

Submitted By: _____ **Date:** _____

Phone #: _____

Approved By: _____ **Date:** _____

Standard mileage reimbursement rate = $.50.5 (50 1/2 cents)

Original receipts must be attached for reimbursement.

Pauma Valley Community Church

Record of Charitable Contribution to PVCC

Name: _____

Period Covered: From _____
To _____

Ministry/Dept: _____ **Ministry/Dept Leader:** _____

Date	Payee	Description	Account or Ministry	$ Amount $

Subtotal $ -

Advances

Total $ -

Submitted By: _____ **Date:** _____

Phone #: _____

Approved By: _____ **Date:** _____

Standard mileage reimbursement rate = $.50.5 (50 1/2 cents)

Original receipts must be attached for reimbursement.