

LAKESIDE FELLOWSHIP STAFF/VOLUNTEER EXPENSE REPORT

NAME: _____ **DATE:** _____

DATE	PAYEE/PLACE	MINISTRY PURPOSE	AMOUNT	ACCOUNT #

STAFF/VOLUNTEER: _____ **DATE:** _____

CHAIRPERSON/PASTOR: _____ **DATE:** _____

TREASURER/FINANCE: _____ **DATE:** _____

ALL REQUIRED APPROVALS MUST BE OBTAINED BEFORE SUBMITTING YOUR EXPENSE REPORT TO THE CHURCH ADMINISTRATOR FOR REIMBURSEMENT. ALSO ALL RECEIPTS MUST BE ATTACHED. PLEASE ALLOW 2 WEEKS FOR REIMBURSEMENT FROM TIME OF SUBMITTAL TO CHURCH ADMINISTRATOR.