HARVEST

Harvest Baptist Fellowship -- Expense Report

Name:
Address:
Position:

The following report is a:
_____ request for reimbursement
_____ reporting of debit card expenditures

Date		Item	Place	Line Item/Purpose	Cost
				Total	**0**

Please attach all receipts and sign below. Your signature indicates that all expenses are accurate and valid and that you have the propoer authorization to request/spend these funds.

Signature: _____

Date: _____