

**Mount Calvary Baptist
Church**
1735 Enterprise Drive Bldg 3
Fairfield, CA 94533

For Office Use Only

Expense Report **(attach all receipts)**

PURPOSE: _____

Date: _____

PERIOD: From _____

To _____

EMPLOYEE/PAYEE INFORMATION:

NAME: _____

Job Title: _____

DEPT/MINISTRY: _____

Date	GL Account	Description	Hotel	Travel	Fuel	Meals	Phone	Misc	Other	Total
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EMPLOYEE/PAYEE
SIGNATURE: _____

DATE: _____

Less: Advance

APPROVED BY: _____

DATE: _____

Refund to Mount
Calvary Baptist /
Owed to Payee

\$ -

Division Manager

APPROVED BY: _____

DATE: _____

Chief Financial Officer