UMMBC EXPENSE REPORT

This form should be completed for all checks written to cover expenses for which there is no actual invoice or receipt at the time the check is written.

UMMBC
United Metropolitan Missionary Baptist Church

450 Metropolitan Drive ● Winston-Salem, NC 27101 ● 336-761-1358 ph ● 336-723-2801 fax

NAME _____ MINISTRY NAME _____ DATE _____

(Please Print Your Name)

Date	Payee	MINISTRY PURPOSE (Activity/Event and Nature of Discussions or provide Description of Expenditure)	Amount (See Note 1)	Account Number To be Charged (Provided by Office)
			$	

Note 1 All expense reimbursements must be properly substantiated. Receipts or written evidence must be attached supporting all expenditures. (Please affix receipts to 8.5" x 11" sheet of paper with clear tape.)

Total of Above Expenditures	$
Less Expense Advance: Ck# _____ Date _____	( )
Amount Due Church (Advance Greater than Expenses)	$
Amount Due Named Person (Expenses Greater than Advance)	$

Signature _____ Date _____

Approved by _____ Date _____

Form updated 11.30.11