God's Will Christian Church

"Making His Will, Our Will"

SERVICE TIMES
SUNDAY SCHOOL: (CHILDREN & ADULTS) - 9:45AM to 10:45AM
WORSHIP: SUNDAY - 11:00AM TO 12:30PM
BIBLE STUDY: WEDNESDAY - 7:00PM
INTERCESSORY PRAYER: 1ST WEDNESDAY - 7:00PM

GWCC Expense Reimbursement Form

Name: _____

Date: _____

Business Purpose: Please indicate the purpose of the expenditure so the appropriate budget can be charged.

_____

_____

Itemized Expenses

DATE OF PURCHASE	VENDOR	DESCRIPTION	Budgeted or Non-Budgeted	COST
			TOTAL REIMBURSEMENT	

I hereby certify that the above is a true and correct statement of business expenses incurred by me.

_____

Signature

Approved By: _____

Signature **Date**

Approved By: _____

Signature **Date**

Don't forget to attach receipts!

Official Use Only. Do not write below this line

Make Check Payable to _____

Approved by Finance Officer _____

Date Paid _____

Check No. _____

SAVE AS PRINT

Please submit your completed form to Finance@godswillchristianchurch.org