

Zion Canaan Baptist Church, Inc.
7820 Farrow Road
Columbia, SC 29203
(803) 935-1032

EXPENSE RECONCILIATION

DATE:

TEAM:

MINISTRY:

REQUESTOR'S NAME: _____ PHONE NUMBER: _____

NOTE: PLEASE ATTACH A COPY OF THE REQUISITION/ZCBCFF1

- | | | |
|----|--|-------|
| 1. | Amount Advanced to Requestor | _____ |
| 2. | Amount Pre-paid (by church)
For buses, transportation, hotels, etc. | _____ |
| | <input type="checkbox"/> Credit Card or <input type="checkbox"/> Check Payment | |
| 3. | Total of Receipts Attached | _____ |
| 4. | Amount owed to church | _____ |
| 5. | Amount owed to requestor | _____ |

Signature of requestor

Date Signed

Signature of person receiving funds

Date Signed

FOR FINANCE OFFICE USE ONLY:
(This box is to be used if the church owes the requestor additional monies)

Approval _____ Date _____

Check #: _____ Check issue date: _____

ZCBCFF2