

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

REQUEST FOR EXPENSE REIMBURSEMENT

TEAM NAME: _____ DATE: _____

MINISTRY NAME _____

Note: *Prior authorization from the Stewardship Chair or Pastor Smith is required before purchases are made.*

Please list the expenses, attach all receipt(s) and a copy of the Expense Authorization (Form ZCBCFF1). All expenses must be properly documented before reimbursement can be made.

Itemized Expenses

QTY	DESCRIPTION OF ITEMS PURCHASED	PER UNIT	AMOUNT
TOTAL			

Make check payable to: _____

Give check to: _____

Team Director's Signature: _____

Ministry Leaders' Signature: _____

Pastor / Stewardship Chair: _____

FOR FINANCE OFFICE USE ONLY:	
Approval _____	Date _____
Check #: _____	Check issue date: _____