



Application for compensation of expenses

Name of Applicant: _____

Name to appear on cheque: _____

Postal Address : _____

Contact Phone Number: _____

Ministry Area relating to the costs: _____

Date the costs were incurred ___/___/___

**The expense breakdown and what is was used for.
 Please attach relevant tax receipts to this document.**

		OFFICE ONLY	
ITEM	AMOUNT	Code	Description
TOTAL CLAIMED	\$		

Signed and approved by Senior Pastor. Operations Manager or Church Administrator

Signed: _____ Dated / /

Please hand this form into the info table or give to Krys Keogh
