

EXPENSE REPORT

PRESBYTERY OF THE JAMES

3218 Chamberlayne Ave. Richmond, VA 23227

Our Mission: To support leaders, congregations, and ministries

In growing followers of Jesus Christ who joyfully live out God's mission in the world.



Make check payable to _____

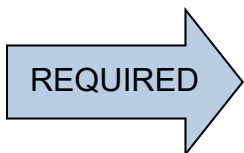
Address _____

City/State/Zip _____

Charge to _____ Purpose _____

Line item/Team/Committee/Ministry _____

EXPENSE	DESCRIPTION	DATE(S) EXPENSE(S) OCCURRED	AMOUNT
Mileage reimbursement			\$
RECEIPTS ARE REQUIRED FOR ALL DISBURSEMENTS BELOW			
Meals/Tips			
Parking/Tolls			
Lodging			
Postage			
Supplies			
Honoraria			
Grant			
Other			
SUBTOTAL			\$
I wish to contribute this portion of my expenses to the presbytery as a gift			\$
TOTAL REIMBURSEMENT DUE			\$



Signature _____ Date: _____
 Phone _____ email _____
 Authorized by: _____ Date: _____



Authorized by _____ Date: _____
 Account _____
 Check No. _____ Date: _____