



# OAK RIDGE COMMUNITY CHURCH

6120 Day Long Lane

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Clarksville, MD 21029

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## Expense Report

Ministry: \_\_\_\_\_

Name: \_\_\_\_\_

Date:	Description	Transportation/Mileage	Lodging:	Meals:	Other:	Total:
Column Totals:						
Subtotal:						
Less cash advanced						
Total Owed to You						
Total Due:						

Submitters Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Date:	Person(s) Entertained	Title:	Business Purpose:	Name of Place:	Total:
Total:					

Receipts must be attached to Expense Form.

