Expense Report

Account Code From

Below

DEPARTMENTAL HEAD APPROVAL:

Date

Five Oaks Seventh-day Adventist Church 4124 Farrington Road Durham, NC 27707 www.fiveoakschurch.net

- 1. Fill out the form as indicated below.
- 2. Attach all receipts to form; Please separate sales tax and provide total as a line item.
- 3. If an appropriate account code is not listed below, please provide complete description.
- 4. Please print your name clearly and sign where indicated.
- 5. Signature of departmental head must accompany this report. Complete additional forms for each department you may require a reimbursement from.

Brief Description of Item

6. Place in Treasurer's Box in the Church Office. (All items on this form must be completed **within 90 days** of expenditure and funds must be available within applicable department before reimbursements will be issued. No reimbursements after 90 days of expenditure)

1/1/2008	8636 SS Supplies Cradle			(Example)		
						TOTAL
CCOUNT	CODES					
8636 SS St	ipplies Cradle	Roll	8685	Evangelism	8735	Music
8637 SS Supplies Kindergarten		jarten	8695	Men's Ministries	8740	Social Committee
8638 SS Supplies Primary		<i>'</i>	8700	Women's Ministries	8745	Fellowship Committee
8639 SS Supplies Jr/Erly Teen		Teen	8705	Personal Ministries	8725	Health & Temperance
8640 SS Supplies Youth			8710	Family Life Ministries	8755	Stewardship
8641 SS Supplies New Believer		eliever	8713	Vespers	8760	Community Service
8642 SS Supplies Adult			8718	Children's Ministries	8770	Church Van
8670 Elders			8720	Pathfinders	8790	Travel Expense
8675 Deacon			8825	Treasury	8901	Office Expense
3680 Deaconesse			8731	Audio Visual Supplies	8930	Maintainence Church
RINT NA	ME:			SIGNATURE:		DATE:

SIGNATURE:___

DATE:

Amount to be

Reimbursed