RIVER RIDGE NEIGHBORHOOD CHURCH

☐ **EXPENSE CLAIM** ☐ **DISBURSEMENT** (PLEASE CHECK ONE)

CLAIMANT'S NAME / PAYEE	DEPARTMENT
ADDRESS	POSITION
CITY STATE ZIP CODE	

DATE	**VENDOR NAME**	**DESCRIPTION**	ACCOUNT AND ACCOUNT NUMBER CHARGE TO **(FILLED OUT BY DEPARTMENT HEAD)**	**AMOUNT**
TOTAL				

PURPOSE OF EXPENSE, REMARKS AND DETAILS (Attach receipts/vouchers when required)

ACCOUNTING USE ONLY

I HEREBY CERTIFY that the above is a true statement of the expenses incurred by me in accordance with rules of River Ridge Neighborhood Church.

CLAIMANT'S SIGNATURE	DATE

DIRECTOR OR COMMITTEE HEAD APPROVING PAYMENT (PRINT, SIGN AND DATE) ➡	DATE
AUTHORITY FOR SPECIAL EXPENSES (PRINT, SIGN AND DATE) ➡	DATE