



BIBLE FELLOWSHIP CHURCH BOARD OF MISSIONS MONTHLY EXPENSE SHEET

NAME: _____

Please fill in this Expense Sheet, then attach the receipts to the back in order to receive reimbursement from your outgoing expense account. Reimbursement checks will be issued monthly. Send to: Bible Fellowship Church Board of Missions, 1011 Brookside Road, Suite 145, P. O. Box 3555, Allentown, PA 18106-0555.

DATE	DESCRIPTION/DESTINATION	MOTEL	FOOD	MILEAGE		NO. OF MILES @.22	TOLLS	OTHER	SUBTOTAL
				Departure	Arrival				
							GRAND	TOTAL:	