BIBLE FELLOWSHIP CHURCH BOARD OF MISSIONS
MONTHLY EXPENSE SHEET

Approval:_____
Date:_____

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 Departure Arrival	NO. OF MILES @.50	TOLLS	OTHER	SUBTOTAL
						GRAND	TOTAL:	