

Kanisa Fellowship

EXPENSE REPORT

Payable To: Date:

Dept.:

Item #	Date	Purpose of Expenditure	Amount CDN	Amount USD	Total
Total Expense					\$ -

DECLARATION

I certify that these expenses are accurate, are related to the business of KANISA FELLOWSHIP and are in accordance with church policies.

 Claimant's Signature

Note: Please attach all receipts.

 Approval -- Director's Signature

Complete for Cheques requested prior to expenditure.

Item #	Date	Purpose of Expenditure	Proposed Amount CDN	Proposed Amount USD	Cheque Total

Cheque Received: _____

Date: _____

Claimant's Signature

Treasurer's Use Only

Date Invoice Received: _____ MM / DD / YY Balance Owing: _____ (-ve to Claimant)

Budget Allocation: Yes / No Date Received: _____ MM / DD / YY

Date Cheque Issued: _____ MM / DD / YY Cheque #: