

MISSING RECEIPT RECONCILIATION FORM

This form is to be completed for each missing receipt and submitted with the monthly budget expense report.

Purchaser's Name: _____ Date: _____

Merchant/Payee Name: _____

Select Budget:

Buildings & Grounds
Finance
Food Services
Long Range Planning
Nominating
Nursery & Preschool
Outreach
Pulpit Committee
Security
Sunday School
Worship
Youth

Summary of Purchase:

Amount: _____

Last 4 Digits of Debit Card (*Church issued only*): _____

I certify that the items described above, and the amount spent, are necessary ministry items, purchased for use by the church and not for personal desire or need.

Signature

Reimbursement will not be granted for a missing receipt.