

# Solid Rock Bible Church

## Staff/Ministry Leader Multiple Expense Report

Name: \_\_\_\_\_

Month of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Employee/Ministry Leader

Approved by \_\_\_\_\_

Date	Detailed Description and Purpose	Designated Budget	Expense
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
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			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
		<b>Total to be Reimbursed:</b>	<b>0.00</b>