EXPENSE CLAIM FORM

Name:
Address:
Phone:
Date:

| Date of purcase | Items purchased | Amount |
|---|---|---|
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| | | |
| | | |
| Total Expenses | | $ - |
| Total to be reimbursed by Cornerstone Church Trust | | $ - |

Bank details
Account Name:
Account Number:
Claimant's Signature:
(if not submitted from claimant's email address)

CORNER STONE.

ACKNOWLEDGEMENT

I confirm that:

My bank details below are correct ☐

I have attached receipts ☐

This expense has been pre-approved by a team leader or staff member (please specify name) ☐ Name:

*Please send this completed form with the receipts to admin@cornerstone.org.nz by 12th of the month to be paid out on the 20th of the month.*