Expense Summary Form

SouthHills Church
PO Box 5830
Eugene, OR 97405
(541) 954-7978

Please Indicate one of the following: _____ **Debit Card Reconciliation** _____ **Reimbursment Request**

Date	Vendor	Description/Department/Purpose	Amount
		TOTAL	**$0.00**

Instructions:
- List each receipt submitted on a separate line.
- Note the date, vendor, description and amount.
- Attach original receipts to this form and submit for processing.
- Reimbursements may be processed on Sunday or within 7 days.
- Should you have any questions regarding this procedure, please contact SouthHills Church.
- Debit Card Reconciliation Summaries need to be submited ***before*** the last Sunday of the month.

PAY TO:

Name_____ **Phone** _____

Address _____

City_____ **State**_____ **Zip**_____

Email _____

I certify that the above expenses were incurred on behalf of SouthHills Church, which were approved by an authorized staff member. I have attached the original receipts as per the instructions above.

Date_____ **Signature**_____