EXPENSE FORM
For reimbursement or donation-credit

Circle one: REIMBURSE ME / CREDIT AS GIFT

Name _____ Date: _____

Address (to mail check):

Receipts MUST be attached (best: tape legibly to back of form). For each receipt, number and list below; if one receipt has multiple descriptions please split into "1A and 1B" etc.

Rcpt#	Date	$Amount	Description of Expense

Community of Faith
A Lutheran Congregation in Mission for Christ
PO Box 2077 – Lake Oswego, Oregon – 97035 – www.cofaith.net