

Living Faith Chapel Expense Requisition Form

Name

Ministry

Date of Requisition

Date of Event

Event Title *(if applicable)*

Approval Signature

ITEM DESCRIPTION	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
If more items, continue on back. TOTAL	_____

TREASURY USE

Date Paid

Check #

ATTACH RECEIPTS HERE