

MAPLE SPRINGS BAPTIST CHURCH

4131 Belt Road
Capitol Heights, MD 20743



ITEMIZED EXPENDITURE FORM

Complete this Form and return to **THE FINANCE MINISTRY** on: _____.

***** ATTACH ALL RECEIPTS *****

Requesting Ministry: _____

Date of Check: _____

(1) CHECK AMOUNT \$ _____

LIST OF EXPENSES	AMOUNT

(2) TOTAL EXPENSES \$ _____

(1) minus (2) = BALANCE \$ _____

Amount Owed to Church \$ _____

Amount Owed from Church \$ _____ **(Director / Ministry Leader MUST Approve)**

SIGNATURE OF DIRECTOR / MINISTRY LEADER: _____

DATE SIGNED: _____

◆◆◆◆◆◆◆◆◆◆ TO BE COMPLETED BY FINANCE MINISTRY ONLY ◆◆◆◆◆◆◆◆◆◆

FINANCE MINISTRY APPROVAL:

SIGNATURE: _____ **DATE SIGNED:** _____

AMOUNT DISBURSED: _____ **DATE CHECK MAILED:** _____

CHECK RECEIVED BY: _____ **DATE:** _____