

[Church Name]

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## Church Missing Receipt Form

I am requesting reimbursement for the following expenses for which the itemized receipt(s) are unavailable for my accounting.

Name	Ministry

Reason for Missing Receipt	

Date	Amount

Merchant/Payee Name

Street Address	City, State Zip Code

Description of Expenditure

By signing below, I am certifying that the above amounts are appropriate ministry expenses incurred by me.

Authorized Signature	Date