

RIPE FOR HARVEST

MISSIONARY OPERATING EXPENSE REIMBURSEMENT REQUEST
(Attach original receipts)

NAME: _____

ACCOUNT NUMBER: _____ REPORT DATE: _____

MINISTRY EXPENSES FROM: _____ TO _____

1. Automobile \$ _____
2. Telephone \$ _____
3. Travel (local travel only – out of town use other form) \$ _____
4. Printing (Bibles, tracts, etc.) \$ _____
5. Accounting/Legal \$ _____
6. Conferences/Meetings \$ _____
7. Postage \$ _____
8. Supplies and office equipment \$ _____
9. Other (attach schedule) \$ _____
10. Other (use other side if necessary) \$ _____
11. Other (use other side if necessary)

TOTAL: \$ _____

SIGNED BY _____ DATE _____

APPROVED BY _____ DATE _____

Send to: Ripe for Harvest
602 Oakland Rd, Limestone, TN 37681