

EXPENSE CLAIM FORM

Name:	
Address:	
Phone:	
Date:	

Date of Receipt	Items purchased	Amount
Total Expenses		\$ -
Total to be reimbursed by Cornerstone Church Trust		\$ -

Bank Account	
Claimant's Signature:	
(if not submitted from claimant's email address)	

ACKNOWLEDGEMENT

I confirm that:

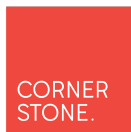
My bank details below are correct	<input type="checkbox"/>
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I have attached all the accompanying receipts, and that the receipts are legible, they show the amounts, the vendor and the transaction information	<input type="checkbox"/>
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This expense has been pre-approved by a team leader or staff member (please specify name)	<input type="checkbox"/>	Name:
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Send this form completed, with the attached receipts to [admin@cornerstone.org.nz](mailto:admin@cornerstone.org.nz)

The form needs to be sent by 12th of the month in order for the reimbursement to be paid out on the 20th of the month



**Cornerstone Church**  
City | Fields | Campus