

# EXPENSE REQUEST

## Shiloh Baptist Church

237 East Fifth Street  
Lexington, Kentucky 40508  
859-262-5315; Fax 859-389-9755

Requestor:

Phone:

Ministry Group:

Account No:

Expected Expense Date:

Expense Purpose:

Category	Amount	Additional Comments
Supplies	\$	
Transportation/Travel	\$	
Fuel	\$	
Meals	\$	
Phone	\$	
Entertainment	\$	
Registration	\$	
<b>Total Request</b>	<b>\$</b>	

Check Payable To:

Mail To:

Requested By:

Date:

Ministry Group Approve:

Date:

Financial Approved:

Date: