



LIGHTHOUSE FELLOWSHIP CHURCH

Expense Request/Reimbursement Form

Name: _____

Ministry Team: _____

Expense Request

DATE	DESCRIPTION	FUND EXPENSE ACCT. #	TOTAL
Grand Total			

Signature: _____

Date: _____

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____

Reimbursement of Expense

DATE	DESCRIPTON OF ITEMS REIMBURSED	FUND EXPENSE ACCT. #	TOTAL
Grand Total			

Receipts must be attached to expense form.

Signature: _____

Date: _____

Approved by: _____

Date: _____

1361 Christian Ave.
Noblesville, IN 46060
Phone: 317-773-4363
Email: administrator@lightforce.org
Website: www.lightforce.org