

# Adventist Youth Ministries Expense Report



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Total Mileage: \_\_\_\_\_ X \$0.42 = \$ \_\_\_\_\_

Ministry: \_\_\_\_\_

**PLEASE SPECIFY THE EVENT AND LOCATIONS TO & FRO FOR REIMBURSEMENT:**


**Items Purchased/Reimbursement: PLEASE SPECIFY THE EVENT & ATTACH THE RECEIPT.**

	\$ _____
	\$ _____
<b>Total:</b>	\$ _____

Signature: \_\_\_\_\_

**Treasury Office:**

Pathfinder Council Expense Charge to Account # 864100-1153  
Youth Council Expense Charge to Account #872128-270-1152  
Adventurer Coordinator Expense Charge to Account #872128-125-1152  
Master Guide Expense Charge to their Account:

Adventurer Council Expense Charge to Account #864120-1152  
Pathfinder Coordinator Expense Charge to Account #872128-136-1152  
Medical Cadets Corp Expense Charge to Account: 872128/133  
Federations Expense Charge to Account: #872128/128

Initials \_\_\_\_\_