

CHOGAR
Church Business Expenses Worksheet

PRINT YOUR NAME: _____

DATE: _____

WHERE: _____

PURPOSE: _____

DESIGNATOR (what budget line item, "Category and number" - e.g.
Board of Elders 35, Youth Ministry, Spring Meeting 14, etc.) See back page.

Mileage _____	X .575 _____
---------------	--------------

Food _____	_____
------------	-------

Motel _____	_____
-------------	-------

Misc. _____	_____
-------------	-------

Sub-Total _____	_____
------------------------	-------

Total _____	_____
--------------------	-------

Signature

Address to send check:

Attach all receipts to this form:

Please make copy for your records.

Send Completed form to:

JMH Tax Service

Bookkeeper: Debra Fleming

6213 Father Tribou, Ste.2

Little Rock, AR 72205