Reimbursed Purchase Reconciliation Form

Please complete form and return to the church office within 30 days of purchase.

Name_____Date_____

Ministry_____

Total Cost $_____

Cost per Person $_____

Total Collected $_____

Difference $_____

If there is an outstanding balance, your ministry will be charged for this amount.

Money Collected

Name	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____