

Bread of Life Christian Church Credit Card Expense Form

Date:

Check#:

Invoice Date	Description	Amount	Center/Dist. Mission Code	Budget Code	Assets	
					Yes	No

Total:

Credit card used by: (One Name Per Form)

Name:

Address:

Phone#:

Executive Board	Admission (部門負責人)	Request Name (Please Print)
Date:	Date:	Date:

Special Instruction:

1. Attach original receipts with the Form and fill it out completely.
2. Please contact church (Bread of Life Christian Church in Los Angeles) office at (626) 912-5838 for any question.