

RIPE FOR HARVEST

MISSIONARY OPERATING EXPENSE REIMBURSEMENT REQUEST
(Attach original receipts)

NAME: _____

ACCOUNT NUMBER: _____ REPORT DATE: _____

MINISTRY EXPENSES FROM: _____ TO _____

1. Automobile \$ _____

2. Telephone \$ _____

3. Travel (local travel only – out of town use other form) \$ _____

4. Printing (Bibles, tracts, etc.) \$ _____

5. Accounting/Legal \$ _____

6. Conferences/Meetings \$ _____

7. Postage \$ _____

8. Supplies and office equipment \$ _____

9. Other (attach schedule) \$ _____

10. Other (use other side if necessary) \$ _____

11. Other (use other side if necessary)

TOTAL: \$ _____

SIGNED BY _____ DATE _____

APPROVED BY _____ DATE _____

Send to: Ripe for Harvest
2824 N. Power Rd #113282
Mesa, AZ 85215-1674