

CROSSROADS CHURCH
EXPENDITURE SLIP

GENERAL FUND

DATE: _____

AMOUNT: _____

PAYABLE TO: _____

PURPOSE OF DISBURSEMENT:

MINISTRY LEADER INITIALS: _____

DEPT. HEAD SIGNATURE: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

DATE PAID: _____

ACCOUNT: _____

CHECK NUMBER: _____

SENIOR PASTOR: _____