



CAFO Summit Expense Report

Reimbursement recipient :	Relationship to Hephzibah62:4:		Board Member		Wesleyan Church Partner, District or Hephzibah62:4	
			Grant Recipient			
Payment method:	If you are a Board Member you may be set up for direct deposit		Send reimbursement check to:			
	All others, you will receive a check in the mail in the name of above-named recipient					
Reimbursement for:	CAFO Summit Attendee #1		Recipient Email:		Street Address:	
	CAFO Summit Attendee #2		Recipient Phone:		City:	
					State:	Zip:

Date:	Conference Registration:	Hotel:	Airfare:	Ground Transport:	Meals:	Miscellaneous:	Subtotal:
							0
							0
							0
							0
							0
							0
Subtotal:	0	0	0	0	0	0	0
TOTAL:							\$0

Please note: Submit to info@hephzibah.org with receipts attached. Grant recipients receive up to \$600/person for qualifying expenses, unless otherwise informed. If expenses are shared, submit one expense report for one check.

(office use only)

Approved by: _____ Signature: _____ Date: _____