

CHRISTMOUNT CHRISTIAN ASSEMBLY, INC.
Meeting and Travel Expense Report
"Gift in Kind"

Contributor's Name _____ **Date** _____

Address _____

Receipts required for all items except mileage	Date	Date	Date	Date	Total
Air, Bus Fares					\$
<i>From:</i>					\$
<i>To:</i>					\$
Automobile Mileage @ 14¢					
<i>From:</i>					
<i>To:</i>					
<i>Total Miles</i>					\$
Lodging:					\$
					\$
					\$
					\$
Meals:					\$
Breakfast					\$
Lunch					\$
Supper					\$
Misc. (Explain)					\$
					\$
					\$
					\$
TOTAL EXPENSES					\$

This is a correct statement of my personal expenses incurred while donating my time and services to Christmount Christian Assembly, Inc.

Date _____ **Signature** _____

The above contribution is hereby approved and accepted as a "Gift in Kind" to Christmount Christian Assembly, Inc.

Date _____ **Authorized Officer** _____

Instructions: Complete this form. After form is signed by both parties, make a copy. Keep the original and submit the copy to the Christmount office.