



NEW LIFE
COMMUNITY CHURCH

EXPENDITURES FOR DEBIT CARD FORM

Page ____ of ____

Month/Year _____

Card Last 4 Digits _____

Expenditures by _____

Approved by _____

Entered by/Date _____

ITEM	DATE	VENDOR NAME	AMOUNT	ACCT #	DESCRIPTION	RECEIPT	POSTED
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							