

**CALVARY OPEN BIBLE CHURCH  
CREDIT CARD USAGE/REIMBURSEMENT FORM**

NAME:	Date of Purchase	Department
		PHONE NUMBER:

Attach Receipts Here:

Explanation of Purchases (MUST BE COMPLETED)				Total Spent	
				Church Credit Card	
				Apply to Advance	
				Due Church	
				Due to Strategic Servant	
Strategic Servant	DATE	Dept Leader's Approval	DATE	Reimbursement Approval	DATE
Title		Title		Title	

*ALL SIGNATURES MUST BE LEGIBLE*