



24650 State Hwy. 6 Cohasset, MN 55721  
 218.999.9030  
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## Ministry Expense Form

|            |
|------------|
| Date:      |
| Ministry:  |
| Volunteer: |

| Date         | Purchasing site/store | Item | Cost per Item | Quantity | Total |
|--------------|-----------------------|------|---------------|----------|-------|
|              |                       |      |               |          |       |
|              |                       |      |               |          |       |
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|              |                       |      |               |          |       |
|              |                       |      |               |          |       |
|              |                       |      |               |          |       |
|              |                       |      |               |          |       |
| <b>TOTAL</b> |                       |      |               |          |       |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Please attach all receipts from your purchase to this form.  
 Please submit this form to the Treasurer’s mailbox or to [finance@westcohassetchapel.com](mailto:finance@westcohassetchapel.com). Thank you.