

# Atlanta Mar Thoma church

775 Rays Road  
Stone Mountain, GA 30083

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## Expense Statement

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Name

Street

City

State  Zip Code

Signature:

Date:

Phone:

Nbr	Description	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total: <input type="text"/>

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Office Use Only

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Check Nbr:

Notes:

Date:

Bank:

Signed By: