

Technical Arts Ministry Reimbursement

Name _____

Address _____

e-mail _____

<u>Consumable?</u>	<u>Area</u>	<u>Item</u>	<u>Cost</u>
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		<u>Total</u>	

- Sound
- CG (video)
- Worship
- Admin

Ministry Leader Signature:

Date: 27-Feb-06 Reviewer Initials: _____

PLEASE ATTACH ORIGINAL RECEIPTS