



Church Extension Fund

125th Anniversary Outreach Grant Expense Voucher

Primary Contact Name: _____

Church Name & Address: _____

1. Please describe the Outreach Event held. Include relevant details (*e.g., date, location, etc.*)

Applicants are encouraged to include pictures and impact stories from the event!

2. Please attach receipts/invoices of the costs incurred (*e.g., vendor costs, registration fees, supplies, travel expense, etc.*) *The funds being reimbursed must be approved expenses.*

3. Please list total costs seeking to be reimbursed: \$ _____

4. Questions? Contact Kris Nowak at (734) 213-3244 or kris.nowak@mi-cef.org

I verify that the expenses comply with the Terms and Conditions for reimbursement.

Signature

Date

Church (Name & City) to be reimbursed