



# Sabbatical Expenses Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sabbatical Date: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Church: \_\_\_\_\_

Date	Description	Total
<b>DI-11413 (max of \$500) Total</b>		

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_