Iron Rose Sister Ministries
EXPENSES REPORT

EMPLOYEE/AMBASSADOR NAME:

Date	Purpose/Description	Pd by: Ministry or Self	Total

Total expenses above		
Total expenses from reverse		
Total expenses pd by Self (to be reimbursed)		
TOTAL		

I certify that the foregoing record is true and correct and that the expenses claimed represent actual expenses while performing my official duties as an employee or volunteer Ambassador of IRSM.

Signature **Date**

Iron Rose Sister MINISTRIES
Hermana Rosa de Hierro • Irmã Rosa de Ferro