



NEW LIFE
BIBLE FELLOWSHIP

Hospitality Fund Form

Name: _____

Date of Hospitality Meeting: _____

Who was present:

Reason for meeting:

Total Amount Spent: \$ _____

- New Life Credit Card
- Personal money to be reimbursed (use Reimbursement Form)

Signature: _____

Date: _____

- Please attach this completed form to either your credit card receipts OR with the completed Reimbursement Form and receipts.