

REQUESTOR'S NAME: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF REQUEST (Event and Reason for Purchase/Payment)

PURPOSE

- PRE-APPROVAL
 - PAYMENT TO VENDOR
 - REIMBURSEMENT
- Submission Date _____

Amount \$ _____ (Choose Payment Method) Credit Card Church Account Online Payment

Check: Mail or Pick-up Name of person picking up check _____

VENDOR/PAYEE INFORMATION

Pay to: _____ Email Address: _____

Address: _____

Phone: _____ Website for Online Payment: _____

Login Detail- Username: _____ Password: _____ Cart#: _____

**** If more then one payee, please attach additional information

Date Required: (Do not fill with ASAP) _____

Budget: _____

Ministry	Program Name	Expense
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SIGNATURE APPROVALS FOR REQUEST REQUIRED

* Ministry Treasurer's Initials: _____ Date: _____

* Minister/Deacon Print Name: _____

* Signature _____ Date: _____

* Ministry Program Manager Signature: _____ Date: _____

* Attach: Original Invoice, Order Form, or Vendor Quote. Do Not Send Copies. An Incomplete Request Will Delay Processing.

* **MINISTRY LEADERS: Print this form and submit a hard copy to Budget Analyst: Anthony Brownlow**

Fund Requests Will be Processed **within 15 BUSINESS days of receipt by Finance**

FOR OFFICE USE:	Budget Approval: _____	Purchase Order Number: _____
	Budget Account: \$ _____	YTD Budget Available Funds: \$ _____
	Pastor/Staff Director/ Manager: _____	
	Approval by Accounting Manager: _____	Date: _____
	Approval by Finance Director: _____	Date: _____
	Approval by Church Administrator: _____	Date: _____
Notes: _____		