

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 |
|----------|--------------|---------|

SIGNATURE APPROVALS FOR REQUEST REQUIRED

* Ministry Treasurer's Initials: _____ Date: _____

* Minister/Deacon Print Name: _____

* Signature _____ Date: _____

* Worship Experience and Ministry - Signature: _____ Date: _____

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

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 Controller : _____ | Date: _____ |
| Approval by CFO/Finance Director: _____ | Date: _____ |
| Approval by Church Administrator: _____ | Date: _____ |
| Notes: _____ | |