



DATE OF REQUEST: _____

APPROVAL REQUEST FROM

NAME OF PERSON ORDERING: _____ CHECK TO BE LEFT IN BOX: YES _____ NO _____
Check One

DEPARTMENT EXPENSE TO BE TAKEN FROM: _____

REASON FOR EXPENDITURE: _____

COMMENTS:

DESCRIPTION	COST

To be billed _____ Need Check _____ TOTAL AMOUNT REQUESTED: _____
(Please check one of the above)

CHECK PAYABLE TO: _____
ADDRESS: _____

APPROVED BY:

DEPARTMENT HEAD (\$1-\$100) Signature: _____

PASTOR/TREASURER (\$101-\$1,000) Signature: _____
BUSINESS ADMINISTRATOR _____

REIMBURSEMENT REQUEST

DATE OF REQUEST: _____ THE AMOUNT OF: _____

PAY TO NAME: _____ ADDRESS _____

EXPENSE TO BE TAKEN FROM (DEPARTMENT) _____

FOR THE PURPOSE OF _____

Is receipt attached? YES _____ NO _____ CHECK TO BE LEFT IN BOX: YES _____ NO _____
Check One

APPROVED BY:

DEPARTMENT HEAD (\$1-\$100) Signature: _____

PASTOR/TREASURER (\$101-\$1,000) Signature: _____
BUSINESS ADMINISTRATOR _____