

PAYMENT REQUEST FORM

DATE OF REQUEST: _____ NEEDED BY: _____ Preapproved Request? Yes No
 PAYABLE TO: _____ AMOUNT REQUESTED: \$ _____
 Church Credit Card Used? VENDOR/STORE NAME: _____

LEAVE IN MINISTRY BOX -or- MAIL CHECK TO PAYEE INVOICE ATTACHED? Yes No

PAYMENT TYPE: Advance payment? Yes No On account? Yes No

REASON FOR REQUEST: _____ Bereavement Benevolence

REQUESTOR (PRINT):	MINISTRY:
REQUESTOR'S SIGNATURE:	MINISTRY LEADER (PRINT):
REQUESTOR'S CONTACT NUMBER:	MINISTRY LEADER'S SIGNATURE:
	MINISTRY LEADER'S CONTACT NUMBER:

USE BACK OF FORM TO FURTHER EXPLAIN NATURE OF PAYMENT REQUEST, RATIONALE, AND ETC. SUBMIT RECEIPTS WITHIN SEVEN (7) DAYS OF CHECK DISBURSEMENT.

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED: _____ PAYMENT DISBURSEMENT DATE: _____ CHECK NUMBER: _____
 REQUEST STATUS: Approved Denied (See back for denial reason.)
 DATE FORWARDED TO ACCOUNTING: _____
 _____ BUDGET COMMITTEE REPRESENTATIVE _____ ACCOUNTING COMMITTEE REPRESENTATIVE

RETURN TO THE GREY LOCKED BOX NEAR OFFICE DOOR

Describe the nature of your payment request, rationale, and etcetera.

1. All monetary transactions shall be documented by way of this voucher **and** pre-approved prior to making any purchase.
2. Fill out vouchers completely to prevent delays in processing your requests.
3. Provide a detailed description of the reason for the request.
4. The expenditure will be charged to the ministry requesting payment.
5. Complete a separate voucher for each ministry requesting payment.
6. All vouchers shall be submitted to the Budget Committee by Tuesday.
7. Allow at least one week for processing of vouchers.
8. If an advance of funds is requested and pre-approved to make a purchase, proof of purchase (i.e., receipts) must be provided to the Accounting Committee within seven (7) days after the transaction has been completed.

Describe reason for denial of payment request.
