

**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.

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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.

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