

Ministry PAYMENT Request Form

Ministry Name:

Ministry Leader:

Person to Be Reimbursed:

| Brief Description of Item Purchased | \$Amount To Be Reimbursed |
|-------------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | \$ |

Please Check Appropriate Box Regarding Status of Receipt

- Cash Advance With Receipt to Follow-Estimated Date for Providing Receipt _____
- Receipt Attached
- Lost Receipt
- No Receipt for this Expense-Reason _____

IMPORTANT: 1st Choice-Form Must Be Signed by the Ministry Leader, or
 2nd Choice-Form Must Be Signed by at Least One Elder, or
 3rd Choice-Verbal Confirmation from Ministry Leader Confirmed

Ministry Leader Signature:

Date Signed:

Elder Signature:

Date Signed:

Verbal Authorization Received from Ministry Leader Date Received:

Verbal Authorization Received from Elder _____ Date Received:

Confirmation of Payment Section

Date Payment Issued:

Check Number Used:

Person Issuing Payment:

Person Payment Given To: