

REQUESTS FOR PAYMENT OF BILLS OR REIMBURSEMENT

Your Name: _____ Date: _____

Is this a bill to be paid or a reimbursement? (Circle one.)

To whom shall the check be made out? _____

Amount: _____

For what purpose was this money used? _____

Please specify the church group (if any) which used the money: _____

Please circle where the expenditure should be deducted in the church books (if you know.)

Operating Budget:

- Guest Minister Honoraria
- Minister's Flex Account
- Minister's Professional Expenses
- Music Supplies
- Office Supplies
- Church Center Supplies
- Diaconate
- Coffee Hour
- Board of Christian Education
- Fellowship Board

Music Memorial Fund:

- Bell Memorial Money
- General Music Memorial Money

Other: _____

If you have any invoices or receipts for this expenditure, please attach them to this sheet.
Return this sheet to the Church Treasurer or to the Church Office.