

CHURCH PURCHASING & CREDIT CARD TRANSACTION REPORT

Instructions: Print document and write in information or Save As to save a copy for your use and type in information.

√ Card	Date of Purchase:	<p>The church must file IRS form 1099-Misc for payment for services provided by independent contractors, non-employees, and businesses that are not corporations. These people must also be included on our Worker's Compensation insurance. <i>This does not apply for checks that are reimbursements to church members. Check requesters are responsible for providing the information needed to fulfill legal requirements:</i></p> <p>The payee provided services as</p> <ul style="list-style-type: none"> <input type="checkbox"/> independent contractor <input type="checkbox"/> non-employee <input type="checkbox"/> business that is not a corporation <p>If any box above is checked, the requester of this check must attach 1) W9 that shows the business's Taxpayer Identification Number. For independent contractors and non-employees the requester must provide a W9 to the payee. The payee then fills it out with their Social Security Number and gives the W9 to the Office Administrator. 2) For businesses that are not corporations the requester must also attach the business's Worker's Compensation Insurance Certificate or provide a statement that the business does not provide worker's compensation for their employees. W9 forms can be printed from the church website. The check will be processed when all information is received.</p>
	Bakers Super Market	
	Home Depot	
	HyVee Super Market	
	Office Depot	
	Minister's Credit Card	
	Office Administrator's Credit Card	
	Director Religious Education Credit Card	
	Other (specify):	
	PLEASE READ THE BLOCK TO THE RIGHT BEFORE REPORTING YOUR EXPENSES.	

Amount	Committee or Budget Name or Fund Name	Purpose (Please attach receipts to back)
← Total Purchase Amount		

Submitted by: Name Printed: _____ **Signature:** _____ **Phone** _____
Please circle: Board Chair; Board Vice-Chair; Committee Chair; Minister; Staff / Minister; Com. Volunteer

Below to be completed and paid by Treasurer / Asst. Treasurer					
Date: _____		Check # _____		By: _____	
Committees	Acct Number	Amount	General Operating	Acct Number	Amount
Building & Grounds	01-5904-101		Administrative Expense	01-5131-100	
Caring	01-5901-000		Postage	01-5532-000	
Communications/Marketing Adv.	01-5534-000		Janitorial Cleaning	01-5523-000	
Fellowship	01-5902-000		Janitorial Supplies/Trash PU	01-5524-000	
Finance	01-5903-000		Lawn Care & Snow Removal	01-5525-000	
Library	01-5905-000		Prof Expense – Minister	01-5125-400	
Membership	01-5906-000		Prof Expense – Office Admin	01-5101-400	
Rel Growth & Learning	01-5912-000		Prof Expense – DRE	01-5102-400	
Rel Growth & Learning - Childcare	01-5510-000		Transition Team	01-5923-000	
Religious Education Supplies	01-5515-000		Fundraising Expense	01-5506-000	
Social Justice	01-5913-000		Music & Worship	01-5910-000	
Technology	01-5914-000		Musicians (guest pianists)	01-5106-100	
OTHER: (Fund Name/Number)					
OTHER: (Fund Name/Number) TOTAL (if more than one account used)					