EXPENSE/CHECK REQUEST

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

Date Amount Payable To: Address	PLEASE READ THE BLOCK TO THE R BEFORE CONTINUING WITH YOUR C REQUEST!	husiness's Taynayar Identification Number For independent contractors and non					
Amount	nount Committee or Budget Name or Fund Name Purpose (Please attach receipts to back)						
	← Total Check Amount						
Approved by: Name Printed:		Signature					
Please circle: Board Chair; Board Vice-Chair; Committee Chair; Minister; Staff / Minister;							
Minister Signature (when approving requests by Staff)							
Below to be completed and paid by Treasurer / Asst. Treasurer							
Date:	Check #	By:					

Date:	Check #		Ву:		
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 accour	it used)				