

E X P E N S E / C H E C K R E Q U E S T

Instructions: 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 _____

Amount	Committee or Budget Name or Fund Name	Purpose (Please attach receipts)
		Total Check Amount

Approved by: Name Printed: _____ **Signature** _____ / _____

(Please circle: Board Chair; Board Vice-Chair; Committee Chair; Minister; Office Adm / Minister; DRE / Minister; Music Director / Minister)

(Second Signature space is for Minister when approving requests by Office Adm; DRE, Music Director)

To be completed and paid by Treasurer / Asst. Treasurer					
Date: _____		Check # _____		By: _____	
Committees	Acct Number	Amount	General Operating	Acct Number	Amount
ASEC	01-5911-000		Administrative Expense	01-5131-100	
Bldgs. & Ground Mainten.	01-5904-101		Board Mtgs & Retreat	01-5500-100	
Caring	01-5901-000		Leadership Development	01-5550-000	
Communications	01-5907-000		Minister Installation	01-5504-000	
Fellowship	01-5902-000		Postage (not committees)	01-5570-000	
Finance	01-5903-000		Religious Education Supplies	01-5515-000	
Library	01-5905-000		RGL- Childcare	01-5510-000	
Membership	01-5906-000		Professional Expense – DRE	01-5133-000	
Music & Worship	01-5910-000		Professional Expense – Minister	01-5125-000	
Religious Growth and Learning	01-5912-000				
Social Justice Coordinating Council	01-5913-000				
Technology	01-5914-000		Committee on Ministry	01-5920-000	
OTHER: (i.e. Fund Name/Number)					
OTHER: (i.e. Fund Name/Number)					
TOTAL (if more than one account used)					