

# EXPENDITURE REQUEST

Invoice Date: \_\_\_\_\_

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**FOR OFFICE USE ONLY**

Instructions: Please use one **Expenditure Request Form** for each Invoice.  
 You may attach any number of receipts (Dated within 60 days) to this  
**Expenditure Request Form** for reimbursement.

Description	Amount

**(All requests for meal reimbursement must include the following)**

Date	Location	People Involved	Ministry Purpose	Amount

<b>TOTAL</b>	
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Proj #	Acct Name	Acct #	Amount
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Proj #	Acct Name	Acct #	Amount
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Proj #	Acct Name	Acct #	Amount
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Proj #	Acct Name	Acct #	Amount
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Proj #	Acct Name	Acct #	Amount
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Proj #	Acct Name	Acct #	Amount
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Pastoral Approval

  
  
  

**Payment Procedure (Check One)**

Mail Check

Mail with enclosure

Leave At Front Desk

Give to

Name: \_\_\_\_\_

**For Advance or Honorarium provide**

ss# \_\_\_\_\_

Submitted by: \_\_\_\_\_

P. O. # \_\_\_\_\_ Date Payment is Needed \_\_\_\_\_