

CROSS ROADS PRESBYTERIAN CHURCH REQUEST FOR PAYMENT / REIMBURSEMENT

Date: _____

Requestor: _____

Payable to (if other than Requestor): _____

Address (if applicable): _____

Amount: _____ (Receipt or invoice must be attached)

Description / Explanation: _____

Fund (check one): _____ General _____ Liability _____ Mission _____ Memorial

Committee Budget Line under General Fund (check one) :

Finance

_____ 101 - Pledge Envelopes

_____ 102 - Misc. Expenses

_____ 103 - Insurance

Property

_____ 201 - Building Supplies / Maint.

Christian Education

_____ 301 - Educational Materials

_____ 302 - Camps, Conferences, Retreats

_____ 303 - Misc. Expenses

Worship

_____ 401 - Organ - Piano Service

_____ 402 - Choir

_____ 403 - Copyright License

_____ 404 - Supplies and Misc. Expenses

_____ 405 - Community Outreach

_____ 406 - Substitute Musicians

Mission

_____ 501 - Administrative Expense

Membership

_____ 601 - Congregational Activities

_____ 603 - Misc. Expenses

Personnel

_____ 702 - Pastor SSI Help

_____ 704 - Pastor Prof. & Travel Expense

_____ 706 - Pastor Study

_____ 712 - Pulpit Supply

_____ 716 - Pastor Med Deductible Refund

Administration

_____ 801 - Telephone

_____ 802 - Postage

_____ 803 - Office Supplies

_____ 804 - Office Equipment

_____ 805 - Website

WHEN COMPLETE, PLEASE PLACE THIS REQUEST, WITH RECEIPT ATTACHED,
IN THE **OUTGOING FINANCE** MAIL SLOT. THANK YOU.