

Financial Request

Please Attach Receipt to Back

Department/Ministry _____

Person Requesting: _____

PAYMENT METHOD

VISA

Lowe's

Other _____

Name on Credit Card:

Store or Vendor Information

Name

Address (or website address)

City, State, Zip

Phone:

Sold To: Community Church, PO Box 1413 (512 E Seward Road), Guthrie, OK 73044-1413

DATE	Item(s) Purchased Subtotalled by Account Number (ie, Office Supplies, MDO, Communion, etc) <small>***If a meal, list attendees***</small>	\$\$ AMOUNT REQUESTED TTL/CATEGORY	Expense Posting	
			Account Number	Fund/Class Ministry Fund / In Out
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
GRAND TOTAL		\$0.00		

Date Form Completed

Signature of Person Requesting

APPROVALS (Initials):

1. _____ 2. _____ 3. _____ 4. _____
Director Area Pastor Auditor Senior Pastor

Date of Final Approval: ____ / ____ / ____ Treasurer _____