

Financial Receipt/Request (FR)

Person Submitting: _____

Date Submitted: ____ / ____ / ____

PAYMENT METHOD

Credit Card Used
<input type="checkbox"/> Visa <input type="checkbox"/> Lowes <input type="checkbox"/> Credit/Refund
Name on Credit Card:

Please Issue Check:
<input type="checkbox"/> Check to Vendor <input type="checkbox"/> Reimbursement To Individual
Name & Address

Store or Vendor Information	
Name	Phone
Address (or website address)	
City, State, Zip	

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

DATE of Expense	Item(s) Purchased <small>Subtotal by Account Number (ie, Office Supplies, MDO, Communion, etc) ** If a meal, list attendees **</small>	AMOUNT Spent or Requested	Expense Posting	
			Account Number	Fund/Class <small>M. Fund In Out</small>
				<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

<u>Confirmations & Approvals</u>	
Account # Most Specific	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account # Has Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directional Leader Approval	_____
Pastoral Leader Approval	_____

<u>Accounting Department</u>	
Date Accounting Received	____ / ____ / ____
Processed By	_____
Confirmed By	_____
Extra Approval (If Needed)	_____