

Financial Request

Department/Ministry: _____

Person Requesting: _____

Multiple reimbursements may be on a single form

A separate request form is required for EACH credit card purchase.

PAYMENT METHOD

☐ Check to Vendor
 ☐ Personal Pay Reimbursement
 ☐ Visa
 ☐ Lowes
 ☐ Other

Please issue check and mail/give it to:

Name on Credit Card:

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

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) ***If a meal, list attendees***	\$\$ 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"/>

GRAND TOTAL

Date Form Completed

Signature of Person Completing Form

1 Director

2 Auditor

3 Senior Pastor

