

PAYMENT REQUEST FORM

PLEASE CHECK ONE

CHECK REQUEST CHECK REIMBURSEMENT

ACCOUNTING DATA TO BE COMPLETED BY TREASURER

IMANI TEMPLE OF TEMECULA CHURCH OF GOD IN CHRIST
P.O. Box 891372, Temecula, California 92589
Office (951) 302-1225 Fax (951) 302-1255

INSTRUCTIONS

1. Reimbursements must be submitted to the Treasurer within 21 days of the expense in order for Accounting to maintain a 30 day accounting.
2. This form must be completed in its entirety to ensure timely processing.
3. Include all approval signatures with receipts attached prior to being submitted for payment.
4. Approvals are to be obtained from the Division Head, and Assistant Pastor prior to final approval.
5. Upon receipt of this request, checks will be issued within 7 to 10 days.
6. Forms are available at both the church office and worship site, and soon will be available at our website.
7. **ALL BUDGETARY AND NON-BUDGETARY REQUESTS OVER THE AMOUNT OF \$400.00 MUST BE PRE-APPROVED BY PASTOR MASON. (Eff. 8/2006) FUNDS WILL NOT BE RELEASED WITHOUT THE PASTOR'S SIGNATURE ON THIS REQUEST FORM**

INVOICE # _____

INVOICE DATE: _____

CHECK # _____

PAYEE: _____

AMOUNT PAID: _____

DATE RECEIVED: _____

ISSUING AUTHORITY: _____
(Amounts over \$400.00 require Pastor's Signature)

Payable to:	TO BE COMPLETED BY ACCOUNTING	KEYED BY
	VENDOR NAME	
Address:	Acct.#/Invoice#/Vendor Name	
City: State: Zip:	Acct.#/Invoice#/Vendor Name	
Amount of Check or Reimbursement:	Total	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the name of the Dept./Division/Auxiliary/Ministry:	<u>Are these funds being withdrawn from an approved budget? ___</u> <u>If the amount is over \$400. the request must be approved by the Pastor.</u>	
_____ Dept./Division/Auxiliary/Ministry		
Date Needed: _____		
Upon receipt of request, checks will be issued within 7 to 10 days		
Full Description of Expenses:		
Requested by: _____	Date: _____	Dept/Division/Auxiliary/Ministry

APPROVAL SIGNATURES

_____ Date: _____	_____ Date: _____	
Auxiliary Leader 1	Assistant Pastor 3	
_____ Date: _____	_____ Date: _____	_____ Date: _____
Division Head 2	Corporate Services 4	Pastor Mason 5 (OVER \$400.00)

CHECK REQUEST FORM COMPLETED BY: _____ DATE OF COMPLETION: _____

PROCESSING INSTRUCTIONS: MAIL MAIL w/attachment Return Check to:

TO BE COMPLETED BY THE PERSON RECEIVING THE CHECK

DISBURSEMENT RECEIVED BY: _____ DATE RECEIVED DISBURSEMENT: _____

SIGNATURE

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