

# ECC Payment Request Form

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Expense Account(s): \_\_\_\_\_

\_\_\_\_\_

Description/reason for purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Individual Requesting Payment:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please check appropriate box:

- Reimbursement check request
- Charge receipt
- Cash Advance
- Check Request to vendor/outside party

Payment to be made to (if to someone other than the individual requesting payment, **otherwise leave blank**)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

# **Elkhart Christian Church**

## Payment Request Procedure

1. Please fill this form out completely. Please refer to the ECC annual budget for the account number and speak to the ministry chairperson if you have questions.
2. Please attach all related receipts, charge slips, and/or bids as applicable.
3. As much as possible, limit one expense account per receipt. If not possible, please clearly mark the expenses that go to each expense account. It may help to provide a brief written breakdown or calculator tape. The total request should all be accounted for.
4. The Treasurer may verify expenses with the ministry chairperson as necessary.
5. Once completed, please leave all paperwork in the Treasurer's mailbox. Requests received by the 10th of the month will be prepared on the 15th. Requests received by the 25th of the month will be prepared on the 30th.

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