



ST. PAUL'S U.C.C.
Purchase Request or Reimbursement Request Form

Purchase request: _____

Reimbursement: _____

Make Check Payable To: _____

Address: _____

Committee Requesting Check: _____

Charge to Budget Acct. & Code #: _____

Amount Requested: _____

Reason for Request: _____

Date Due: _____

Was this included in the Budget: _____ Yes _____ No (complete following line)

If No, Date approved by Consistory: _____

Requestors Name & Date: _____

Requestor's Signature: _____

Approved by: _____

Or Consistory President:

Please complete and forward to Cheryl Zeigler, Treasurer.

Attach all receipts or invoices.

Checks are prepared on a weekly basis.

Requests ***must*** be in the church office by noon on Friday for the check to be ready by Sunday of that week.

Please allow enough time for your check to be processed.

- **If your request has not been approved by the appropriate party, your check may not be ready In the same week as requested.**