

All Saints' Episcopal Church Request for Expenditure/Reimbursement

Budgeted*
(Operating)

Unbudgeted**
(Restricted/MM)

VISA* or **
(Church Credit Card)

Committee Name

Date

The above named committee has approved the following expenditure **and receipts are attached:**

Reimbursement OR Charged on Church Credit Card

Payable to or Purchased from:

Name

In the amount of:

Address

Comments/Explanation:

For Office Use:

* _____
Committee member's signature

Budgeted items

** _____
Committee Chair Approval/Signature

Unbudgeted & Restricted Funds under \$250.00

** _____
Executive Committee Approval

Unbudgeted & Restricted Funds \$251.00 - \$1,000.00

** _____
Vestry Approval

Unbudgeted & Restricted Funds over \$1,000.00

Account #: _____

Date Paid: _____