

SAINT PAUL UNITED METHODIST CHURCH

Expenditure Authorization
And
Payment Request
Form

INSTRUCTIONS:

1. Your expenditure must be authorized in advance in order to be paid.
2. All items on the form must be filled out/signed.
3. Attach a copy of the bill or receipt.
4. Place completed form and attachments in the box labeled "Bills To Be Paid."

Amount \$ _____

BUDGET LINE NUMBER _____

BUDGET LINE NAME _____

PAYEE _____

ADDRESS _____

DUE DATE ON BILL _____ DATE ITEM/SERVICE RECEIVED _____

BRIEF DESCRIPTION OF GOODS PURCHASED OR SERVICES RECEIVED:

REQUESTOR: _____
Name Signature Date

BUDGET
MONITOR: _____
Name Signature Date

OFFICE USE ONLY			
DATE PAID: _____	AMOUNT: _____	CHECK # _____	INITIALS/ DATE: _____