

ACUMC VOUCHER REQUEST FORM

Date of Request: _____

Ministry/Work Area/Organization Requesting: _____

Purpose of Request: _____

Amount Requested: \$ _____ ☐ Advance? ☐ Reimbursement?

Date Funds Needed: _____

Individual Submitting Request: _____

Submitter's Phone #: _____ ☐ Mobile ☐ Other

Receipts and/or Documents Attached? ☐ Yes ☐ No If no, why? _____

Make Check Payable to: _____

Approved by:

Ministry/Work Area Chairperson: _____
Name Signature

Church Council Chairperson: _____
Name Signature

Finance Chairperson: _____
Name Signature

FOR TREASURER'S USE ONLY

Date verified and paid: _____ Check Number: _____

Receipts received? ☐ Yes ☐ No If no, why? _____

Budget/Account verified? ☐ Yes ☐ No

Paid By: Name: _____ Signature: _____

Work area budget amount: \$ _____

Work area expenses to date: \$ _____

Amount Requested: \$ _____

Amount Remaining: \$ _____

PLEASE RETURN RECEIPTS AND UNUSED FUNDS TO THE FINANCE COMMITTEE WITHIN 2 WEEKS. Advanced amounts must reconcile to the check received, receipts and unused funds.

Ministry/Work Area Chairpersons are to email this properly signed form to church office at acumc7054@comcast.net or place in Church Council/Administrative Board mailbox.