

DISBURSEMENT REQUEST

Ministry (Circle One) : **T**each **O**utreach **W**orship **E**vangelism **R**elationship

Person Submitting Request: _____

Ministry Director Authorization: _____

All department disbursements must be authorized by the Ministry Leader.

Vendor / Payee: _____

Address: _____

Date: _____

Payment Due Date: _____

Amount: _____ Payment should be . . . Mailed Held for Pick-Up

Charge to Budget #	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check Acct. Name: _____ Check Date: _____

Check No.: _____ Check Mailed: _____

If this check request is not approved the reason is as follows:

Chairperson, Board of Trustees