NEW HOPE CHURCH EXPENSE REQUISTION

44400 W 10 Mile Rd, Novi, MI 48375

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| Requestor Name:  | Committee Name:  | Date Requested:  |

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| --- | --- | --- | --- |
| DATE | ACCOUNT # | DESCRIPTION | AMOUNT |
|  |  |  | $00.00 |
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| 1. Only Budgeted Items will be approved otherwise, session must approve.
2. Proper documents and receipts should be attached to request.
3. Account Numbers MUST be used.
4. Payments will be completed in one week.
5. Must have Elder approval prior to submission to treasurer.
 | **Total Expenses**Cash AdvancesDUE: New Hope ChurchDUE: Requestor |  |
| $ |
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| **REQUESTOR:**I certify that the above expenses were incurred in connection with New Hope Church activities/functions.Print Name: Signature: Date:  | **ELDER APPROVAL:**I have reviewed this requisition and approve of theseexpenses for reimbursement by New Hope ChurchPrint Name:Signature: Date: |
| If you would like the check mailed please fill out the following | Office Use Only Comments |
|  Month  | Date | Year |
| Date Paid: |  |  |  |
| Check Number/Amount |  |  |
| Treasurer NameTreasurer Signature |

 Form Date: 08/09/09