

Sample SEVENTH DAY ADVENTIST CHURCH

TREASURY DEPARTMENT

FUNDS REQUEST FORM – DISBURSEMENT COVER SHEET

MONTH OF: _____ DATE: _____ CHECK / DEBIT #: _____

CHECK / DEBIT AMOUNT: \$ _____ INVOICE / REFER #: _____ BOARD VOTE DATE: _____

DEPARTMENT REQUESTING FUNDS: _____

DEPARTMENT HEAD (*please print name*): _____

PURPOSE FOR FUNDS: _____

PAYEE / VENDOR (*please print name*): _____

RECEIPTS / INVOICE SUBMITTED: YES _____ NO _____ CHANGE \$ _____

I, the undersigned, understand that if the receipts are not submitted to the treasury for the funds advanced to me, the amount without receipts will be considered income to me and will be required to give my Social Security for issuance of a Form 1099 for tax purpose.

SIGNATURE OF FUNDS RECIPIENT: _____