

Emmanuel Bible Church
8512 Sunnyview Rd NE
Salem, OR 97305-9548



DISBURSEMENT REQUEST

Name of Person Submitting Request: _____

Date Submitted: _____

Reason for Expenditure: _____

Pay to the order of: _____

Address: _____

City, State, Zip: _____

Additional Address/Account Info for check: _____

Date Needed: _____

Any Additional Info: _____

<u>Department to Charge</u>	<u>Purpose / Description</u>	<u>Amount to Pay</u>

Note: Please attach copies of the supporting section of your committee minutes behind this form, or any other documentation that may be needed.

Total Amount to Pay

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SIGNATURE

Date

AUTHORIZATION SIGNATURE (Reviewed & Approved against Church Policy)

Date

****For Treasurer Use Only****

Date Paid _____

Check Number _____