

Woodbridge Seventh-day Adventist Church (WSDAC)
Check, Online Payment and Cash Request and Reimbursement Form

Note: Cash reimbursement requests should not exceed \$60.00.

Section A.

Department/Ministry: _____	Request Date: _____
Amount Requested: _____	Phone: _____
Payable to: _____	State/Zip: _____
Address: _____	
City: _____	
Description of Transaction (Service/Good): _____	

Mail Check? <input type="checkbox"/> yes <input type="checkbox"/> no	Other delivery/payment Instructions:

Section B. Required Approvals/Signatures: Requires Department/Ministry Leader (or designee) approval and signature Prior to Treasury Submission & Payment

Purchase Budgeted in Current Year? <input type="checkbox"/> yes <input type="checkbox"/> no Original Receipt Attached? <input type="checkbox"/> yes <input type="checkbox"/> no <small>(Note: An original receipt or order for goods/services must be attached to this request.)</small> Is Request for an Advance of Funds? <input type="checkbox"/> yes <input type="checkbox"/> no <small>(If yes, please provide original receipt(s) and an expense report within 10 days of service or goods delivery)</small>	
Department/Ministry Leader or Designee: _____	Signature/Date _____
Print Name	

Note: If planned purchase exceeds current year budget amount you will need to request a budget increase from the Church Board prior to making purchase or committing WSDAC resources.

Section C. For Treasurer's Office/Church Board/Finance Committee Use Only

Form 1099 Payee <input type="checkbox"/> yes <input type="checkbox"/> no Check or Online Payment Confirmation # _____ Date of Payment: _____ Date Recorded in System: _____ Approved By: _____ Payment Processed by: _____ Budget Balance: _____ Additional Comments: _____ _____ _____	Signature/Date _____ Signature/Date _____
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