

Cornerstone, An Evangelical Free Church (CEFC)
Form to Submit Requests for Requisition, Reimbursement, and to Document Expenses

***¹Date of Request:** _____ ***Name of Requester:** _____

(Printed Name)

Make Check Payable to: _____

Mail to this Address: _____

(or write "Office Pickup") _____

***Describe the Reason for the Request:** _____

***Staple all receipts, invoices, or documentation** to this form: place it in the Treasurer's Mail Slot in the office.

*Account # (Budget Line Item)	*Account Title to be Charged	*Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Total Amount Requested** _____

***Name of Authorizing** _____
Deacon/Elder (printed)²

***Signature:** _____

OFFICE USE

Date Paid: _____ **Check/Reference No.** _____ **Treasurer's Initials** _____

¹ All items marked by an Asterisk (*) are required for submission. Further instructions on the back of this form.

² An Elder must authorize for a Deacon's submission and may, in limited circumstances, approve in lieu of the responsible Deacon.

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Instructions for Completing the Form

1. Use of this form is **REQUIRED** by Section 8 of the CEFC Financial and Procedures Manual for all individuals who incur an expense on behalf of the church and require the payment or reimbursement of an expense or invoice.
2. Proper budget management requires **timely submission** of outstanding reimbursements. It is preferable that they be submitted, when possible, in the same month in which they were spent.
3. **“Make Check Payable to:”** either the requester or invoicing organization.
4. **“Mail to Address”** should include the complete mailing address to which a check should be sent. In lieu of that, a person can indicate and request a pick up of the check at the church office at their convenience.
5. **“Describe the Reason for the Request”** should contain sufficient information to ensure that the deacon responsible for the item can approve the expense to provide an effective record keeping of the funds spent.
6. The description must be **supported by receipts, invoices, or documentation stapled to the form.** Receipts are preferred but not required for expenses under \$30, however, clear documentation of the purpose and use are still required and attached to the request form.
7. **“Account #” (REQUIRED):** The account number (also known as the budget line item) is necessary to complete the request. This is to ensure that the expense is posted to the correct account in the budget. The deacon/elder needs to see the account number before approving the payment. If help is needed, please contact the Treasurer, Vice Treasurer, or Deacon of Finance.
8. **“Account Title to Be Charged” (REQUIRED):** This is the account title associated with the account number. The account title found in the authorizing budget should match the Account #. If help is needed, please contact the Treasurer, Vice Treasurer, or Deacon of Finance.
9. **“Name of Authorizing Deacon/Elder”** should be printed and then a **“Signature”** added. Please note that normal processing requires a Deacon’s signature because budget control is usually at the Deacon level for most expenses.

In the case where a Deacon is the recipient of the reimbursement, the Elder liaison for that Deacon should sign. Where multiple accounts may be expensed to fulfill a request, an Elder may sign.

In ALL cases where an Elder approves the request, a copy of the approval must be provided to the responsible Deacon(s).

10. These procedures are necessary for the correct and responsible recording of expenses in our accounting system. Requests not adequately filled in will have a delay in processing and provides an additional step for our volunteer treasurers.