PAYMENT REQUISITION FORM

(Effective September 2023)

DATE: _____ **PAYABLE TO:** _____

Item / Service purchased	Amount	To be charged to:	OFFICE USE		
ex. Coffee, sugar, milk		*Coffee Hour Kitchen Supplies*	50% GST	Net	Acct No.
Total Requested					

	Name (please print)	Signature
Requested by:		
Authorized by: (i.e., Committee Chair, Council Member, Pastor. Cannot be the same as recipient or a related party)		

Attach receipts to form and submit to the church office. Note that cheques are processed mid-month and towards the end of the month. Thank you for your patience.

OFFICE USE	
Chq #	

If you wish to donate the amount you will be reimbursed, once you receive your cheque, endorse it, and place it in the offering plate with a note attached if you wish to designate it to something other than general offerings.