

# NORTHWEST COMMUNITY CHURCH ~ REQUEST FOR PAYMENT

VENDOR NAME & ADDRESS	INVOICE/ACCOUNT #
	Attach receipt/invoice to this form

DESCRIPTION	COST
TOTAL	

NAME CHECK SHOULD BE WRITTEN TO \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

OPERATING FUND

Administrative Expense  
\_\_\_\_\_

Building & Ground Expense  
\_\_\_\_\_

Christian Nurture Expense  
\_\_\_\_\_

Congregational Life/Fellowship  
\_\_\_\_\_

Pastoral Expense  
\_\_\_\_\_

Worship Expense  
\_\_\_\_\_

MISSION FUND

Acts of Compassion

City Gospel Mission

One Way Farm

Presbytery Project

SON Ministries

King's Closet  
\_\_\_\_\_  
\_\_\_\_\_

MEMORIAL FUND

Acorn

Christian Ed.

Deacon Spec. Gift

Family

Music

Women's Guild

Youth Camp

Youth Trip-MAP  
\_\_\_\_\_  
\_\_\_\_\_

CAPITAL IMPROVEMENTS  
\_\_\_\_\_

Treasurer Approval