

VENDOR NAME & ADDRESS

INVOICE / ACCOUNT#

	Attach receipt / invoice to this form

DESCRIPTION

COST

TOTAL	

NAME CHECK SHOULD BE WRITTEN TO _____

APPROVED _____ **DATE** ____ / ____ / ____

OPERATING FUND

MISSION FUND

MEMORIAL FUND

Administrative Expense

___ Acts of Compassion
___ Navigators

___ Christian Ed.
___ Deacon Spec. Gift

Building & Ground Expense

___ One Way Farm
___ Presbytery Project

___ Family
___ Music

Christian Nurture Expense

___ SON Ministries
___ King's Closet

___ Women's Guild
___ Youth Camp
___ Youth Trip-MAP

Congregational Life/Fellowship

Pastoral Expense

CAPITAL IMPROVEMENTS

Worship Expense

Treasurer Approval
