



REQUEST FOR DISBURSEMENT

Payment Type:

- Personal (*out-of-pocket expenses*)
- Pay Vendor

Date of Request: _____

Amount of Request: \$ _____

Payable to: _____

Address: _____

Special Instructions: _____

Account #: _____

Ministry: _____

Purpose: _____

Requested by: _____

Date: _____

Approved by: _____

Date: _____

*Please attach all supporting data including receipts and invoices.
All out-of-pocket reimbursements must include a legible receipt.*