

## First Evangelical Church of San Gabriel Valley - House of Abundance

## 聖迦谷羅省基督教會豐盛之家

5607 N. Barranca Ave. Azusa, CA 91702

Tel: (626) 898-5348 Website: www.HouseOfAbundance.org

## **Payment Requisition Form**

護田茁立連禁锢實事权,多難L Please fill out the form clearly in English Thank youl

Requester's Name		Phone #		
Noquosto. C	<del> </del>	1113113		
Event Name		Department		
Purchase Item(s) Description				
Calculations				
Check if estimated	<ol> <li>Original receipt, invoice, or approp</li> <li>Circle the total cost of goods or servi</li> <li>If necessary, please use separate sheet</li> <li>Please explain in Remarks any special</li> </ol>	ices. et to itemize/ca	calculate your to	otal.
Section 2: Payr	ment Details			
Payment Type (check one)	☐ Advance ☐ Payment ☐ Reimbursement	Source Fund (check one)	☐ General Fund (must write account # below) ☐ Other:	
	☐ Check: Put in requester's mailbox	·		I Fund Budget
Payment	☐ Check: Mail to payee (fill in name & ad	dress below)	Account #	<u>Amount</u>
Instructions (check one)	☐ Petty Cash: Pick up by requester			-
(GIIOGR GIIO,	Other:			!
	Same as Requester		-	-
Payee's Name and Address				
	<u> </u>		Total:	1
	Requester			Date
Signatures	Endorsement (e.g. Pastor, Deacon, PC Chair)			Date
;	Approval (e.g. Treasurer, Accounting Supervisor, Finance Deacon)			Date
Remarks				<u>.i</u>
' Under normal circums	: stances, it takes 2 weeks to prepare a check; in case	of urgency, please	follow Emergency	Check procedures.
	Payment Record (Do Not Comp	lete - Interna	I Use Only)	
Payee Name			Check Number	
Bank Name			Check Date	}
Bank Account		(	Check Amount	\$
Input Date	Input By		Check Acct #	