CHINESE EVANGELICAL CHURCH OF SAN DIEGO (cec-sd.org)

PAYMENT REQUEST FORM

Use this form for reimbursements or to arrange payment to individuals or businesses for church related purchases

REQUESTOR INFO

Payment Requested by: _____ Date: _____ Needed by: _____

Purpose: ☒ Reimbursement ☐ Make check to vendor ☐ Purchase with CEC credit card

Make check out to
Name: _____
Address: _____
_____
_____

Special Instructions (if any): _____

OR

Use church credit card: x _ _ _ _
CEC Card Holder:_____
Merchant Info: _____
_____
_____

EXPENSE(S) DETAIL

Description of Item or Service	Date of Purchase	Amount ($)
	TOTAL	$ 0.00

Charge this expense to ➔ Department: _____
Category: _____

Receipt or Invoice attached: ☐ Yes ☐ No (will provide) ☐ N/A

SIGNATURE APPROVALS

REQUESTOR	APPROVED BY
Signature: _____	Signature: _____
Email: _____	Print Name: _____
Tel: _____	Date: _____

FOR OFFICE USE ONLY

Authorizing Signature: _____ ☐ Ok to pay *OR* ☐ 2nd check signature
Check Issued: _____ Check No. _____ Completed by: _____