

**ENON UNITED METHODIST CHURCH
EXPENSE FORM (January 2023)**

PART I

Name of person requesting payment: _____

Committee/Ministry Responsible for Funding Expense: _____
(Trustees, Admin Services, Finance, SPRC, Nurture, Outreach, Witness, etc.)

Today's date: _____

If cost > available line balance, what line is covering expense: _____

If a Line 501 expense, identify class name(s): _____

Description of Expense	Amount of Expense	**Line #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Expense	_____	

PART II

Make check payable to: _____

Mailing address (if not on invoice): _____

Committee Chairperson or Other Ministry Leader Signature **Date**
(Trustees, Admin Services, Finance, SPRC, Nurture, Outreach, Witness, etc.)

Other Committee Chairperson Signature (if needed) **Date**

ENON UMC FUND EXPENSE/REIMBURSEMENT REQUIREMENTS

- Discuss with the Committee Chairperson prior to incurring financial obligation
 - Fill out Expense Allocation Form **legibly**
 - Attach bill (for payment) or receipt (for reimbursement); if bill will be paid from another committee's funds, obtain that chairperson's signature on second signature line above
 - Each check requested requires a separate expense allocation form and supporting documentation
 - If special donations cover any portion of expense, provide detailed info to enable funds match
 - Break out each expense to applicable budget line number, if known; use second form if needed
 - Place completed form and supporting documentation in Treasurer's mailbox
- ** If you don't know line number, just ensure the purpose is clear so Treasurer can assign #