



# POTOMAC ASSOCIATION, CENTRAL ATLANTIC CONFERENCE-UNITED CHURCH OF CHRIST

## Expense and Disbursement Form

### Vendor/Payee Information

Please Pay: \_\_\_\_\_ Date of Service : \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip+4 \_\_\_\_\_

### Expense Information

Amount of Payment: \$ \_\_\_\_\_

Category of Payment:

- Reimbursed Expenses (please attach receipts to this form)
- Payment for goods or services (please attach invoice to this form)
- Disbursement of funds (please attach explanation of expense)

Purpose of Expense:

\_\_\_\_\_

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Expense For the Ministry of (please select appropriate Board or Committee):

- |  |  |
|--|--|
| <input type="checkbox"/> Board of Directors  | <input type="checkbox"/> Higher Education          |
| <input type="checkbox"/> Christian Education | <input type="checkbox"/> Social Action and Mission |
| <input type="checkbox"/> Church and Ministry | <input type="checkbox"/> Other: _____              |

### Processing Information

Date Received/Processed: \_\_\_\_\_/\_\_\_\_\_ Check Number: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_