

OCM Grace Church -- PAYMENT REQUEST

*** PLEASE COMPLETE THIS SECTION IN FULL *** (Expense for a department must be signed by <u>Co-worker responsible for the department</u>)	
Payable to:	Date: / / 2008
Requested by:	Amount:
Purpose:	
Category: <input type="checkbox"/> Caring / Fellowship <input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Pastoral Salary <input type="checkbox"/> Utilities <input type="checkbox"/> Advertising <input type="checkbox"/> Children Ministry <input type="checkbox"/> Ministry Expense <input type="checkbox"/> Repair & Maint. <input type="checkbox"/> Chinese / English Worship <input type="checkbox"/> Auto / Travel <input type="checkbox"/> Christian Edu. <input type="checkbox"/> Mission <input type="checkbox"/> Service <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Building <input type="checkbox"/> Insurance <input type="checkbox"/> Office Supplies <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____	
Approved by:	Signature:

OFFICIAL USE ONLY		
Amount:	Prepared by:	
Check #	Date: / / 2008	Disbursed by:

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