Reporting expenses incurred on behalf of the church is <u>very important</u> so that future planning can account for **all** costs associated with the operation of our boards, committees, and other services performed. Please follow the listed guidelines to submit costs for supplies you have purchased on behalf of the church.

SAPUCC Procedure

How to Submit Expenses for Reimbursement

- 1. Print (below) or get from office the Check Request/Reimbursement Form. (located on the north office wall to the left of the door into the pastor's office)
- 2. Fill out:

14.

- Amount of check
- Date
- Payment to b made to (for gifts in kind, write name followed by "Gift in Kind")
- Delivery instructions
- Nature of expense (e.g. responsible board/committee: maintenance—trustees, copies—council, food—hospitality, assistance—deacons…)
- Check from which entity payment is to be made (Church Budget/or Special Fund)
- 3. Do not write below asterisk line
- 4. Write name, date and, to which entity to charge the expense on the receipt/invoice.
- 5. Staple receipt to the Check Request Form
- 6. Turn in to chair or corresponding committee/board box in the office or mail to:

St. Anthony Park United Church of Christ
Attn:: Chairperson for ______ Committee/Board
2129 Commonwealth Avenue

7. Expense submitted to secretary/bookkeeper

Saint Anthony Park United Church of Christ Check/Reimbursement Request Form

| C 1100111 2 1011111 | | | |
|---|-----------------|-----------|---|
| Amount of Check | κ : | Date: | |
| Payment to be ma | ade to: | | |
| Delivery Instruct | ions: | | |
| (Mailing address or addressed envelope |) | | - |
| Nature of expense: ****************************** | | | |
| Is Payment to be made from? Church Budget or Special Fund | | | |
| Approved by Board/Committee Chair:(Signature) (Date) | | | |
| Accounts to be Charged | | | |
| Number: | _ Account name: | Amount: _ | |
| Number: | _ Account name: | Amount: _ | |