

St. James' Episcopal Church





REQUEST FOR FUNDS Requisition Form

(Paid via Bill Pay ONLY - please expect delivery of check within 7-10 business days)

Requested by:	Date:
your committee/function the Rector/Warden for so Vestry authorization, un signed IN ADVANCE of o	ompletely. Once completed submit form to the Vestry Liaison for on for approval. If necessary, the Vestry Liaison will then submit to signature (when amount is over \$300). Amounts over \$2,000 require aless appropriated specifically in the budget. Authorization must be check payment. All amounts over \$3,000 must have two signatures check itself. Please be sure to attach all receipts for all check requests
Amount Requested: \$	
Pay to the order of:	
Address:	
Email:	
Phone #:	
Detail of Purchase:	
Requestor's Signature:	
BUDGET CATEGORY:	COA #
Vestry/Budget Liaison S	signature:
Rector/Warden Signatur	re: