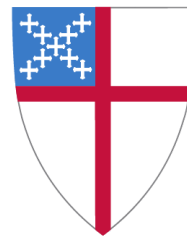


St. James' Episcopal Church

knowing and serving God by serving others



REQUEST FOR FUNDS Requisition Form

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

Requested by: _____ Date: _____

Please fill in this form completely. Once completed submit form to the Vestry Liaison for your committee/function for approval. If necessary, the Vestry Liaison will then submit to the Rector/Warden for signature (when amount is over \$300). Amounts over \$2,000 require Vestry authorization, unless appropriated specifically in the budget. Authorization must be signed IN ADVANCE of check payment. All amounts over \$3,000 must have two signatures on this form or on the 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 # _____

LOCATION: _____ DESIGNATED FUND: _____

Vestry/Budget Liaison Signature: _____

Rector/Warden Signature: _____