

TRANSFER

FAITH UNITED METHODIST CHURCH

EXPENSE/REIMBURSEMENT REQUEST

Please attach invoice or receipt for reimbursement of funds

DATE _____ AMOUNT _____

TRANSFER SHOULD BE MADE FROM _____

TO: _____

WORK AREA OR COMMITTEE CHARGED FOR THIS EXPENSE: _____

PURPOSE: _____

APPROVED BY: (WORK AREA/COMMITTEE CHAIR/MANAGER) _____

FOR TREASURER'S USE:

PAYMENT DATE: _____ CHECK: _____