

Expense Payment / Reimbursement Request



**Westminster Presbyterian Church
in America**
420 N. Main Street
Butler, PA 16001
724-283-4204

Pay To (name & address):

Today's Date: ____/____/____

Expense Purpose:

Expense Fund (circle one or leave blank for General Fund):

Mercy
 Annex
 Faith Promise
 Memorial
 LT Cap Mtc

Budget Account (Name or Account #)	Description	Amount
Payment Total >>		

Submitted by : _____
Signature

Approval Signatures

Committee Liason

Deacon Liason _____ Date _____

Non-General Fund Expense Requests > \$350

Second Deacon _____ Date _____

General Fund Expense Requests > \$350 and Staffing Expenses

Elder Chair _____ Date _____