

<b>REQUEST FOR REIMBURSEMENT/VENDOR PAYMENT FROM PPC</b>	<b>STAFF USE ONLY: TO USE WHEN SUBMITTING A RECEIPT FOR PAYMENT FROM A PPC CREDIT CARD</b>
----------------------------------------------------------	--------------------------------------------------------------------------------------------

Amount: _____ Date of Submission of this Form: _____ Vendor/Reimbursement Payable to : _____ _____ Mail Check to (address): _____ Leave in mailbox of _____ for pickup at church	Amount: _____ Date of Charge: _____ Payee Name: (must submit receipt) _____  <b>PPC Credit Card Owner (please circle one)</b> Pastor Emily, Jeanne, Tom, Chris, Lindsay
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Required Information for All</b>
-------------------------------------

Reason for Disbursement/Credit Card Charge (what was purchased, why, other notation)

\_\_\_\_\_

<b>REQUIRED – Please circle committee and category (if no appropriate category, please write in)</b>
------------------------------------------------------------------------------------------------------

<b>Administrative Service (choose one below):</b> <i>Office Equip, contracts      Stewardship</i> <i>Office Supplies                Copying</i> <i>Postage                            Telephone &amp; Internet</i>	<b>Mission (choose one below):</b> <i>Session Directed                Special Offering</i> <i>Minister’s Discretionary      Project SHINE</i>
<b>Christian Education (choose one below):</b> <i>Supplies                          Youth Ministry</i> <i>Program Resources            Adult Study Groups</i> <i>Kick-Off Sunday                Guest Speaker Honoraria</i> <i>Nursery Supplies               Reformed Institute</i> <i>Children’s Curriculum        Women’s Retreat</i> <i>Children’s Summer Camp      Library</i> <i>Youth Curriculum               Teacher and Off Train</i> <i>Confirmation</i>	<b>Ops &amp; Maint (choose one below):</b> <i>Insurance                        Lawn Care &amp; Snow removal</i> <i>Fuel                                RE Taxes and FFB</i> <i>Water and Sewer                Supplies</i> <i>Electricity                        R &amp; M–Regular</i> <i>Trash Removal                 Exterminator</i>
<b>Worship (choose one below):</b> <i>Worship supplies                Music-memberships</i> <i>Pulpit Supply                    Music supplies</i> <i>Flowers                          Music-supplemental</i> <i>Music-Licenses                 musicians</i> <i>Music-new anthems/ music    Music-Substitute Organists</i>	<b>Manse – Ops &amp; Maint (choose one below):</b> <i>Utilities</i> <i>R &amp; M</i>
<b>Board of Deacons (choose one below):</b>  <i>Fellowship                        Congregational Care</i> <i>Kitchen                            Deacon Events</i>	<b>Personnel</b> <i>Continuing Education (who _____)</i> <i>Staff Expense (who _____)</i> <i>Book Allowance (who _____)</i>
Stephen Ministry Endowment Funds (who _____) Misc (specify) _____	<b>Finance Committee</b> Endowment Expenses Safe Church Annual Mission Trip Memorials (who _____) Memorial Garden

**All expenses need to be authorized by the committee chairperson**

Committee Chairperson Signature: \_\_\_\_\_  
 Christian Education, *Marianne Beardall*; Mission, *John Norvell*; Property, *Ed Pierson*; Finance, *Gregg Johnson*; Worship, *Susan Mitchell*; Congregational Care, *Janet Dunlop/Robert Fahs*; Fellowship, *Keith Rust*; Endowment, *Rob Wescott*; Memorial Garden, *Mary Margaret Smith*; Personnel, *Dave Stump*; Stephen Ministry, *Sherry Johnson*; Deacons, *Jeanie Bissey*

Please Note: All Requisitions for Payment must have a receipt attached; **no more than 45 days after the date of the expense but no later than December 31st of that year.** Exceptions- Pastor/ Finance Ch. You must select a committee for categorizing the expense. All expenses need to be authorized by the committee chairperson. Please make a copy and place in LINDSAY CHAPIN’S MAILBOX.