

Financial Request Form

<u>Policy:</u> All financial purchases must receive prior written approval from the Business Administrator and include supporting documentation (e.g., invoice, receipts, contract, packing slips, etc.) Submit requests no later than 5:00 pm ET on Wednesdays for your check to be ready for disbursement on the upcoming Sunday. Complete sections 1 through 3 and submit to the Business Administrator and Accounting via email, in-person or by mail to the church administrative office at 4750 N. Michigan Rd, Indianapolis, IN 46228.

Section 1	Name:		Phone:	Date Submitted:	
Requested By	Ministry Name:				
3,	Event Name (if applic	able):			
Section 2	\$		<u>-</u>	000	
Request	Reimbursement	Invoice Payment	Check Request	Cash Advance	Purchase Order
Type Check One	Reimbursement: Requesting reimbursement of approved out-of-pocket ministry/church expenses. Receipts required. Invoice Approval: Submitting vendor invoice for approval and payment (must include copy of invoice). Check Request: Requesting payment for approved ministry services or donations (e.g., outreach, honorariums, stipends, etc.)				
	Cash Advance: Request	ing cash for pre-approv	ved ministry services or ed ministry expenses. Ri approved LWCC purcha	eceipts required for all o	completed purchases.
Section 3	Check Amount: Date Needed:				
Request					
Details	_				 _ Zip:
Description:	MUST provide the purp				
Section 4				Date:	
Approval Section Office/Staff Use Only		thorized Approver's	s Signature		
	Notes:				