

# Financial Request Form

**Policy:** 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: \_\_\_\_\_

**Requested By**

Date Submitted: \_\_\_\_\_ Ministry Name: \_\_\_\_\_

Event Name (if applicable): \_\_\_\_\_

**Section 2**



Reimbursement



Invoice Payment



Check Request



Cash Advance



Purchase Order

**Request 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:** Requesting cash for pre-approved ministry expenses. Receipts required for all completed purchases.

**Purchase Order:** Vendor/Company requires an approved LWCC purchase order for requested equipment or services.

**Section 3**

Check Amount: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Make Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description: **MUST** provide the purpose, date, ministry, and any other pertinent details for the expense.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4**

Date: \_\_\_\_\_

**Approval Section**  
*Office/Staff Use Only*

\_\_\_\_\_  
**Authorized Approver's Signature**

Assigned COA: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_