



### Expense Submittal – Sunday Service

Complete this form and attach invoice or receipt(s) for payment or reimbursement. Make sure the person responsible for the budget (Committee Chair) has signed the Authorized line. Place the completed form in the Administrative Assistant’s mailbox.

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

Make Check Payable to: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Account Number	Account Description	Amount
01-5370-400	Miscellaneous Expense	
01-5372-400	Music Expense	
01-5374-400	Special Event(s) Music Expense	
01-5376-400	Floral Expense	
01-5377-400	Sound & Light Expense	
01-5373-400	Guest Conductor Expense	
	<b>TOTAL</b>	

Details: \_\_\_\_\_

\_\_\_\_\_

Requester’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorization (Committee Chair)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_