

Expense Advance Request Form

NAME: _____ DATE FUNDS NEEDED: _____

ADVANCE AMOUNT REQUESTED: \$ _____

FUNCTION/DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

I acknowledge receipt of the funds requested above as a personal liability until settlement is made by submitting a completed expense form with receipts at the time of return. I also acknowledge that any unused funds will be returned to the Presbytery office no later than 5 days from the return date.

SIGNATURE: _____

PURPOSE AND PROCEDURE:

Use this form when you anticipate needing funds prior to the date of travel to cover expenses that would need to be paid before reimbursement. This form needs to be completed, signed and submitted to the Presbytery office for payment. In most cases, checks are processed weekly on Thursdays.

All receipts must be received for expenses paid by these advance funds. Upon return from said travel, complete the "Presbytery committee expense form" to provide a reconciliation of funds. Any remaining funds from the advance must be returned to the Presbytery office no later than 5 days from the return date.

FOR PRESBYTERY OFFICE ONLY:

DATE REQUEST RECEIVED: _____

DATE CHECK CUT: _____

DATE FINAL EXPENSE FORM RECEIVED: _____

FUNDS BALANCED

FUNDS OWED

AMOUNT OWED: _____

DATE CHECK SENT: _____

FUNDS OWED BY REQUESTER

AMOUNT OWED: _____

DATE PAID: _____