

REQUEST FOR PAYMENT

Joint Venture _____

ECA _____

CCAVUCC _____

Date: _____

Please pay Name: _____

Address: _____

City, State, Zip: _____

Amount: \$ _____

Purpose of Expenditure: _____

BUDGET ITEM TO BE CHARGED

JOINT VENTURE	ECA	CCAVUCC
___ Fellowship	___ Fellowship	___ Fellowship
___ Office/Web/Communications	___ Office/Web/Communications	___ Office/Web/Communications
___ Outreach	___ Outreach	___ Outreach
___ Youth Groups	___ Inreach	___ Inreach (Caring)
___ Education	___ Finance/Stewardship	___ Finance/Stewardship
___ Worship (candles, flowers, etc.)	___ Worship (candles, flowers, etc.)	___ Worship (candles, flowers, etc.)
___ Music	___ Music	___ Music
___ Landscaping	___ Other	___ Other
___ Building Maintenance		
___ Kitchen Supplies		
___ Other		

Requested By _____

Date Paid _____ Check Number _____