

Ministry Council
of the
CUMBERLAND PRESBYTERIAN CHURCH

FOR CENTRAL ACCOUNTING USE

Check # _____

Date ____/____/____

AUTHORIZATION/REQUEST FORM

(for use in authorizing/requesting disbursements for travel expense)

To: Central Accounting
Please issue the following check:

Date: ____/____/____

To: _____

Vendor Code: _____

Address: _____

STATEMENT OF TRAVEL EXPENSE

Date & Nature of Activity _____

Plane Fare \$ _____ Hotel/Motel \$ _____

Car Mileage _____ miles @ \$ _____ Meals \$ _____

Tolls/Parking \$ _____ Tips \$ _____

Taxi \$ _____ Phone/Postage \$ _____

Guest Expenses \$ _____

Other Items (please list) _____

_____ \$ _____

Signed: _____

General Ledger # _____ - _____ - _____ Total Amount of Check \$ _____

Pay by (Due Date) ____/____/____

Itemized by: _____

Authorization Request Signed by: _____