

# HOSANNA LUTHERAN CHURCH

## Reimbursement / Payment / Bank Transfer Request (r.01/13/2017)

Approval: Team Leader representing Team that is funding request, or Council President if Requestor is a Team Leader. Place **approved** payment requests in the OFFICE MANAGER's mailbox, located in the workroom.

- Reimbursement of out-of-pocket expenses (**attached receipts required**)     
  Direct Payment to Vendor (**attached invoice required**)     
  Direct Payment 1099 Vendor (**\*see instructions below**)     
  Bank Transfer

Issue check to: \_\_\_\_\_

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

Amount:     \$ \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>CARE</b><br><input type="checkbox"/> Other CARE Projects<br><input type="checkbox"/> Covenants<br><input type="checkbox"/> Other NAM Projects<br><input type="checkbox"/> Fellowship Church Picnic / Potluck<br><input type="checkbox"/> Funeral Supplies<br><br><input type="checkbox"/> <b>DISCIPLESHIP</b><br><input type="checkbox"/> <b>Adult Education</b><br><input type="checkbox"/> <b>Children &amp; Youth</b><br><input type="checkbox"/> Camps & Retreats<br><input type="checkbox"/> VBS<br><input type="checkbox"/> Sunday School / Kid's Church<br><input type="checkbox"/> Confirmation<br><input type="checkbox"/> Special Events<br><br><input type="checkbox"/> <b>Family Life</b><br><input type="checkbox"/> Milestones<br><input type="checkbox"/> Nursery Supplies<br><input type="checkbox"/> Children's Worship Bags<br><br><input type="checkbox"/> <b>LAY LEADERSHIP</b><br><input type="checkbox"/> SYNOD Assembly Registration<br><input type="checkbox"/> Council Retreat | <input type="checkbox"/> <b>MISSION FOCUS</b><br><input type="checkbox"/> Mission Focus<br><input type="checkbox"/> Radical Hospitality (Evangelism)<br><input type="checkbox"/> Communications & Website<br><br><input type="checkbox"/> <b>SPIRITUAL LIFE</b><br><input type="checkbox"/> Altar Guild<br><input type="checkbox"/> Copyright Licenses<br><input type="checkbox"/> Instrument Maintenance<br><input type="checkbox"/> Worship Publications<br><br><input type="checkbox"/> <b>STEWARDSHIP</b><br><input type="checkbox"/> <b>Building Maintenance</b><br><input type="checkbox"/> A/C - Heat Repair<br><input type="checkbox"/> Cleaning Projects<br><input type="checkbox"/> <b>General Maintenance</b><br><input type="checkbox"/> Cleaning Supplies<br><input type="checkbox"/> Parts & Supplies<br><input type="checkbox"/> Kitchen Supplies<br><input type="checkbox"/> <b>Property Needs (outside)</b><br><input type="checkbox"/> <b>Property Maintenance</b><br><input type="checkbox"/> Tree Removal<br><input type="checkbox"/> Lawn Care<br><input type="checkbox"/> <b>Annual Giving Campaign / Envelopes</b><br><input type="checkbox"/> <b>Security Alarm Repairs</b><br><input type="checkbox"/> <b>Fire Alarm Repairs</b> | <input type="checkbox"/> <b>STAFF SUPPORT</b><br><input type="checkbox"/> Administration<br><input type="checkbox"/> Copier Maintenance<br><input type="checkbox"/> Office Supplies / Postage<br><input type="checkbox"/> Telephone / Computer Expense<br><input type="checkbox"/> Continuing Education<br><input type="checkbox"/> Mileage<br><br><input type="checkbox"/> <b>1099 VENDOR*</b><br>SS#: _____<br>* Includes Supply Pastor, soloists, musicians, substitute nursery attendant, etc. Full name and address required, along with Social Security number. Must have signed and dated W-9 on file with Office Manager.<br><br><input type="checkbox"/> <b>DESIGNATED FUNDS (list below):</b><br>_____<br>_____<br><br><input type="checkbox"/> <b>OTHER (describe below):</b><br>_____<br>_____ |
|---|---|--|

**Description:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

Requestor Printed Name \_\_\_\_\_

Requestor Signature \_\_\_\_\_

Requested Date \_\_\_\_\_

Approved By Printed Name \_\_\_\_\_

Approved By Signature \_\_\_\_\_

Approved Date \_\_\_\_\_

**For Office Use Only**

Paid Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Paid By: \_\_\_\_\_