

FUMC BILL PAY & REIMBURSEMENT FORM
(To be completed by Department Chairs
for ALL Incoming Orders, etc.)

1. Complete this form and leave on the Desk in the Church Office or in Secretary's Mail Slot.
2. **Attach receipts to back of form.**
3. **NO** payments will be made without a completed form detailing expenditures.
4. FUMC does not assume any obligations to reimburse expenditures beyond the amount budgeted to each committee.
5. Any over budget expenditures must be approved in advance by Church Council.
6. The Administrative Financial Secretary will make reimbursement **within 14 days of receipt.**

Date Submitted _____

Name to whom Payment is Due: _____

Address _____

Committee or Department _____ Account #: _____

Bank Account for Payment: (please circle one)

Budgeted (BoA)

Restricted (CB&T)

Conference Grant (GNB)

Budgeted amount \$ _____ Amount Remaining in Account \$ _____

(Please check the most current Trial Balance (a copy of which will be in the bottom slot of the black organizer above the photocopy machine where the bill pay forms are kept). You need to familiarize yourself with the use of this valuable tool, and keep up with how much money you have in the account from which you are requesting payment.)

Briefly describe the nature of your request and what you are requesting reimbursement/payment for:

TOTAL EXPENDITURES (for which receipts are attached) \$ _____

Signature: _____

Department Chair or Authorized Person

Revised: 12/02/10 (wbw)