

EMMANUEL EPISCOPAL CHURCH
Request for Advanced Funds

Make Check Payable To: _____

Amount of Check: _____ Check Required by: ____/____/____

Budgeted Item: ____ Yes ____ No

Commission or Account: _____

Reason for Requesting Advanced Funds: _____

1. If at all possible, requests for advanced funds should be made at least two weeks prior to the "Check Required By" date.
2. Receipts substantiating expenditures and the unused balance of this

APPROVED	
DATE	_____
BY	_____
BY	_____
LINE ITEM DESCRIPTION	_____
DATE PAID	_____
CHECK NUMBER	_____
AMT PAID \$	_____

Request For Advanced Funds must be submitted to the Bookkeeper within 30 days.

Date _____

Authorized Signature