



HOLMAN UNITED METHODIST CHURCH

3320 West Adams Boulevard ▪ Los Angeles ▪ CA ▪ 90018

(323) 731-7285 OFFICE ▪ (323) 731-2609 FAX

website: www.holmanumc.com ▪ email: holman@holmanumc.com

Please deliver completed voucher and receipts to the Church Office to the attention of proper chairperson:

- TO: Nurture Chair Witness Chair Outreach Chair
 SPRC Chair Finance Chair Trustee Board Chair

ADVANCE FUNDS REQUEST

(All items must be submitted within 30 days of expenditure)

FROM: <u>Give correct name of church organization, group, or person</u>	Voucher Date	Due Date	Account No. Will be entered by Finance Staff
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PLEASE ADVANCE Give correct name of individual, company or organization

Write in – spell out – amount of funds – i.e. “Three Hundred Dollars” etc.

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MAIL TO: <input type="checkbox"/> SEND TO: <input type="checkbox"/> HOLD AT CHURCH: <input type="checkbox"/>	Give complete and correct name and address of individual, organization or company Address information is needed for church records
	Name: _____
	Street Address: _____
	City, State and Zip Code: _____

REASON FOR VOUCHER REQUEST: (Need budget or estimate attached to request) _____

Document Prepared By

1. Signature: _____

Authorized Signatures

2. Chairperson's

Signature: _____

Check One:

Nurture

Witness

Outreach

SPRC

Trustee

Finance

3. Pastoral Support Staff

Signature: _____

4. Operations Manager

Signature: _____

**NOTE: PLEASE COMPLETE ALL ITEMS AS REQUESTED.
 INCOMPLETE VOUCHERS MAY CAUSE DELAY IN PAYMENT.**

(See Reverse Side of this form for procedure details)

VOUCHER REQUEST PROCEDURES

This process requires a minimum of ten (10) business days. Please plan accordingly.

ALL vouchers submitted must adhere to the following procedures:

- ___ 1) **Requestor** to obtain Ministry Chair or designee approval signature on **completed** voucher.
- ___ 2) **Requestor** to submit signed voucher to church office **attn: Nurture, Witness, or Outreach Chairperson (or other designated committee area)** for review and approval.
- ___ 3) Review & approval signature of **Pastoral Support Staff**
- ___ 4) Review and final approval signature of **Operations Manager and Finance Chair**
- ___ 5) Routed to **Treasurer** for drafting of check for payment

REIMBURSEMENT OF MONIES SPENT OR REQUEST FOR PAYMENT

Vouchers submitted for reimbursement of monies spent **must** be accompanied by receipts and/or invoice.

Please staple documents to back of voucher form.

Vouchers must be submitted no later than 30 days after expenditure.

FUNDS REQUESTED IN ADVANCE OF PURCHASE

If voucher request requires advanced funds, an itemized budget **must** be submitted with Advance Funds Voucher request.

After purchases are made, receipts **must** be submitted to verify monies spent along with a copy of completed Advance Funds Voucher Form to verify original disbursement.

Any funds unspent **must be returned** with receipts to match monies spent.

If spending goes over budgeted request, reimbursement will be granted with proper approvals, receipts and copy of Advance Funds Voucher Form.