

## Living Faith Chapel Expense Requisition Form

Request #

Name

Date

Ministry/ Event Title

Date of Event (If Applicable)

Pastor Signature

Dept Head Signature (If Applicable)

ITEM DESCRIPTION	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	_____

**Treasury Use**

**Check Number**

#

**Budgeted?**

Y / N

**Date Paid**

/ /20

**Please Staple Receipts to this Form**

MINISTRIES ( Please circle one)

- |                       |                             |                    |
|-----------------------|-----------------------------|--------------------|
| 1 Worship/ Phil P.    | 3 Inreach                   | 4 Outreach         |
| 2 Education/ P.John   | 3a Welcoming                | 4a LIFE/ Walter    |
| 2a Toddlers/ Laura Jo | 3b Agape-Sun Lunch/ P. John | 4b Missions/ Jimin |
|                       | 3c Women/ Amy Kwon          | 5 Administration   |

Please submit completed forms ASAP

Any comments or concerns: