

HOSANNA PAYMENT REQUEST

To Treasurer

Date: _____

Reimbursement of out-of-pocket expenses

Direct payment to vendor

Issue check to: _____

Mailing Address: _____

Amount: \$ _____ Invoice Attached Receipt Attached

Care

Stewardship

Building and Grounds Maintenance

Cleaning Supplies

Fellowship Supplies

Electric Utilities

Other Utilities

Stewardship

Benevolence

Spiritual Life

Altar Guild

Bulletins

Publications

Music

Worship

Flowers

Mission Focus

Communication

Discipleship

Adult Education

Children and Youth

Evangelism

Family Life

Lay Leadership

Training

Synod Assembly

Encouragement

Staff Support

Administration

Salary & Benefits

Travel & Continuing Education

Finance

Insurance

Other (describe below)

Special Instructions: _____

Signed by (Requester): _____

Approved by: (Team Leader representing Team that is fundraising request or Council President if Requester is Team Leader)
