

## **Procedure:**

This form is to be completed by the individual requesting payment of an expense. All expenses must be claimed within 90 days of being incurred.

### **Pay To:**

In the case where the individual has paid the cost and needs to be repaid the expense, the *Pay To* will be the name of the individual making the request. In the case of submitting a vendor invoice to be paid, the *Pay To* will be the name of the vendor. If the address is a church mailbox, or is clear from the invoice, then *Address* is not required.

### **Expense Category and Amount:**

Place an X next to the appropriate category, or in the case of a split, insert the appropriate amount next to the appropriate category. If you are authorizing an expense for which the category is not shown, write in the category name in the supplied blank. Also, if the reason for the expense is not obvious, then write a short description on the invoice or the form.

Insert the total payment amount in *Total Amount*. If GST applied to the expense, insert the GST amount in the GST line. Insert the current date in the *Request Date*.

### **Signatures:**

The requestor must sign as *Signature of Requestor*. If the total is greater than \$50, then the form must have two signatures, the requestor and either the Ministry Chair or designate, to authorize payment. If your signature is not clearly legible, then also print your name.

### **Attached Invoices:**

Attach original invoice or sales slip. When the invoice or sales slip contains personal items besides the one(s) claimed, then a photocopy showing the applicable amounts, and place of purchase, may be used in place of an original.

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**Mount Royal Mennonite Church**  
**610 Avenue O North**  
**Saskatoon, SK S7L 2V3**

**EXPENSE PAYMENT AUTHORIZATION FORM**

Pay to: \_\_\_\_\_  
Address \_\_\_\_\_  
(if required) \_\_\_\_\_  
\_\_\_\_\_

<b>Treasurer's Use</b>
Cheque # _____
Date _____

Spiritual Care Ministry (attach receipts or receipt photo copy and select appropriate expense category)

\_\_\_\_\_ Deeper Life Services      \_\_\_\_\_ Special Programming  
\_\_\_\_\_ Health Minister      Benevolent – Use Benevolent Form  
\_\_\_\_\_ Spiritual Care Misc.      \_\_\_\_\_

Total Amount \_\_\_\_\_ Request Date \_\_\_\_\_

GST \_\_\_\_\_  
(included in total)

\_\_\_\_\_  
Signature of requester

\_\_\_\_\_  
Signature of Ministry Chair or Designate

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