

FIRST PRESBYTERIAN CHURCH

PURCHASE REQUEST/EXPENSE REIMBURSEMENT FORM

REQUESTOR INFORMATION

Date: _____

Name: _____

Cost Center: _____

General Fund: _____ Dedicated Acct: _____ Memorial Fund _____

PAYMENT INFORMATION

FPC to be invoiced: _____ VISA charge: _____

Check requested: _____ Store charge: _____

VENDOR INFORMATION

Name: _____

Address: _____

Phone: _____

TREASURER USE ONLY

Approved: _____ Denied: _____

Reason for denial: _____

Signature _____

Date _____

Item #	Description/Use/Purpose	Receipt Attached	Qty	Price per item	Amount

Requestor Signature

Date

Committee Chair Approval

Date

COST CENTER (COMMITTEE)

Building & Grounds	70
Christian Education	30
Deacons	40
Finance & Stewardship	20
Green Team	60
Immigration Action Team	10
Membership	90
Outreach	10
Personnel	80
Session	99
Worship & Music	50

MILEAGE REIMBURSEMENT

2020 standard mileage rate: 57.5 cents per mile

Employees must keep track of the mileage they drive in order to receive reimbursement.

The following information must be included:

- Date
- Business Purpose
- Origin
- Destination
- Miles Travelled