

# Parkside Christian Church

## IRREGULAR PAYMENT REQUEST

(Not required for regularly invoiced expenses)

### SECTION 1: PAYMENT INFORMATION

Payee Name:			Charge to Account(s):		\$
Street Address:					\$
Other Address:					\$
City/ST/Zip:			TOTAL =====	=====	\$

Desired Payment Method:    Check                       Credit Card                       ACH / Online Payment

If Check:  Mail         Give to:         Payee     Requester    Date payment needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

- \* Please attach receipts or other documentation
- \* If \$500 or more requested please complete SECTION 2

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### SECTION 2: HIGH DOLLAR EXPENDITURE REQUEST (\$500 OR GREATER)

1. *Description of item/activity/event (For equipment note brand and model number.)*  
\_\_\_\_\_
2. *Was it Budgeted?*  Yes  No    *What account/amount (if different from above):* \_\_\_\_\_
3. *Source of Funds:*  General Fund  Designated Funds  Other (describe) \_\_\_\_\_
4. *Will there be a contract?*  Yes  No (If yes, please have contract reviewed by Finance before signing)
5. *Comparative Quotes:* \_\_\_\_\_
6. *Advance required?*  Yes  No    *If yes, \$* \_\_\_\_\_ *needed by date* \_\_\_\_/\_\_\_\_/\_\_\_\_
7. *Expected reimbursement: Who from?* \_\_\_\_\_ *\$* \_\_\_\_\_ *by (date)* \_\_\_\_/\_\_\_\_/\_\_\_\_
8. *Date of delivery of an item or date of activity:* \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: Please do not obligate the church financially until you receive approval.**

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Requested by:		Sign:		Date:	
Ministry Lead:		Sign:		Date:	
Dir. Operations:		Sign:		Date:	

Administrative only:  Approved  Denied    Requester Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_                       Copy file

NOTES: \_\_\_\_\_