

Expense Payment / Reimbursement Request



**Westminster Presbyterian Church
in America**
420 North Main Street
Butler, PA 16001
724-283-4204

Today's Date: ____/____/____

Budget Account category (circle one):

General Fund Deacon Mercy Faith Promise Memorial Annex

Expense Purpose:

Pay To (name & address):

Budget Account #	Description	Amount
xxxx	PAYMENT TOTAL	

Approvals

Originator: _____

Deacon Liaison: _____

Date: _____

If over \$350, Elder Chair: _____

Date: _____