

## Expense Payment / Reimbursement Request



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

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expense Purpose:

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Expense Fund (circle one or leave blank for General Fund):

Mercy    Annex    Faith Promise    Memorial

Pay To (name & address):

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Budget Account (Name or Account #)	Description	Amount
<b>Payment Total &gt;&gt;</b>		

Submitted by : \_\_\_\_\_  
Signature

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### Approval Signatures

Deacon Liaison : \_\_\_\_\_ Date \_\_\_\_\_

#### Payments over \$350

Elder Chair : \_\_\_\_\_ Date \_\_\_\_\_

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